



CITY OF PLYMOUTH



ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the Year 1966



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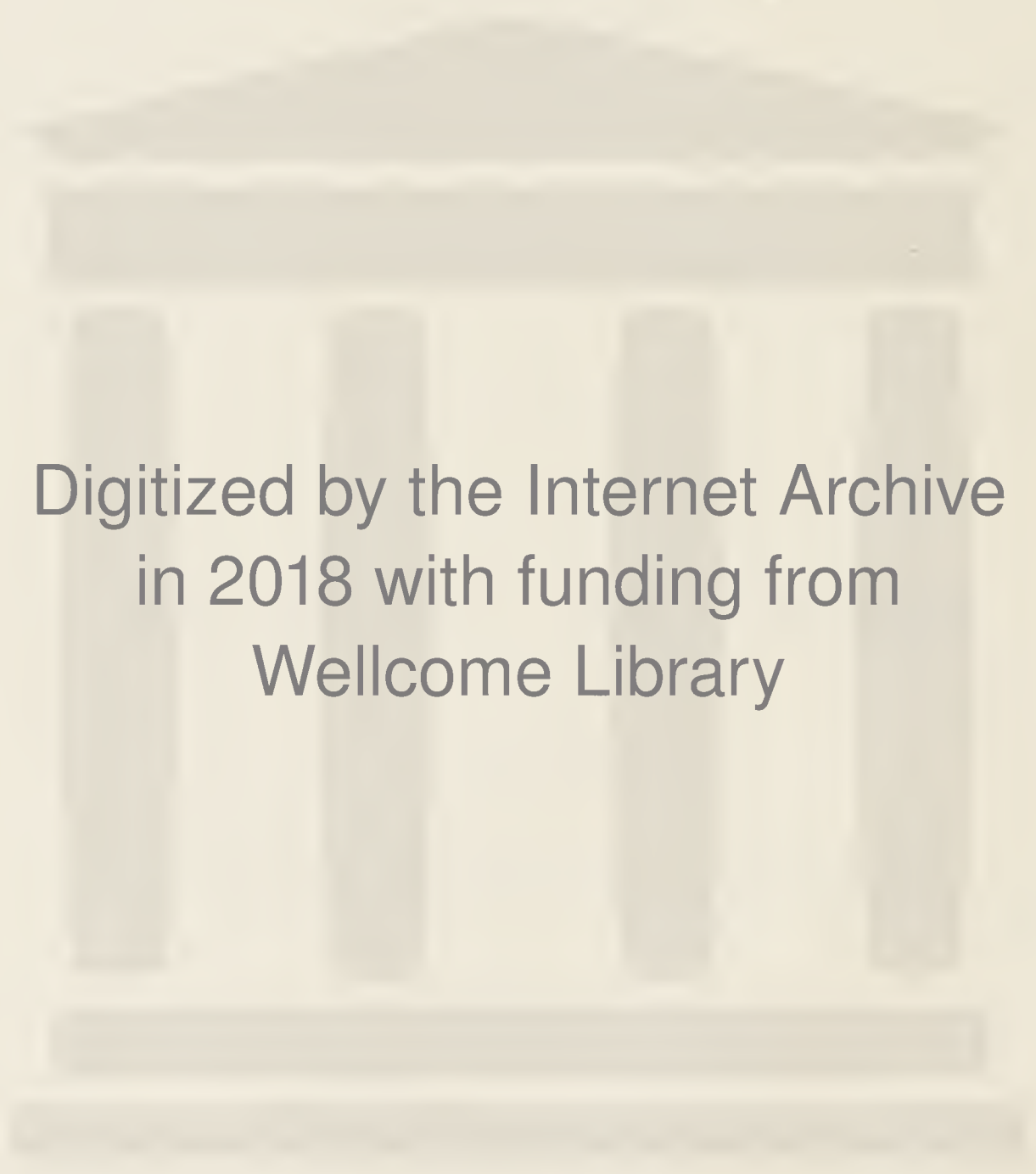


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HEALTH AND WELFARE SERVICES COMMITTEE

Chairman: Alderman P. N. Washbourn

Vice-Chairman: Councillor Mrs. E. Baker

Aldermen I. C. Lowe, Mrs. L. Newbery, Miss E. K. Pryor

Councillors R. Blank, E. W. G. Bullard, Mrs. D. E. Drake, G. H. Miles, G. A. Prowse, H. J. Smyth, Mrs. H. M. Ward

Two members from the Local Medical Committee:

Dr. O. L. Lander, Dr. J. Nixon Morris.

CO-ORDINATION OF FAMILY AND WELFARE SERVICES COMMITTEE

Chairman: Alderman P. N. Washbourn

Vice-Chairman: Councillor Mrs. D. M. Fleury

Aldermen I. C. Lowe, Mrs. L. Newbery, P. D. Pascho, H. M. Pattinson, Miss E. K. Pryor.

Councillors Mrs. E. Baker, B. F. Brockington, Mrs. D. F. W. Innes, J. L. Luce, R. R. Thornton, Mrs. G. M. Tucker, Mrs. H. M. Ward

EDUCATION COMMITTEE

Chairman: Alderman L. F. Paul

Vice-Chairman: Councillor R. V. Morrell

Aldermen R. G. King, Miss E. K. Pryor, F. J. Stott

Councillors Mrs. E. Baker, B. F. Brockington, D. G. Carter, R. C. Curry, J. W. R. Davies, Mrs. D. E. Drake, P. Fletcher, Mrs. G. R. Grierson, L. Hill, F. W. C. Luscombe, Mrs. G. Rendle, T. E. J. Savery, H. J. Smyth, Mrs. G. M. Tucker, Mrs. H. M. Ward

Ten members not of the Council:

Rev. P. L. Camp, Mrs. D. Childs, M. J. C. Clarke, Mrs. F. C. Clements, C. E. G. Cocks, Mrs. B. Furzeman, H. C. Holding, Monsignor M. P. O'Neill, H. J. Perry, Rev. A. Skelding.

SPECIAL SERVICES SUB-COMMITTEE

Chairman: Councillor B. F. Brockington

Alderman Miss E. K. Pryor

Councillors R. C. Curry, J. W. R. Davies, Mrs. D. E. Drake, F. W. C. Luscombe, Mrs. G. M. Tucker, Mrs. H. M. Ward

Mrs. D. Childs, M. J. C. Clarke, Mrs. F. C. Clements, C. E. G. Cocks, Mrs. B. Furzeman, H. C. Holding, Rev. A. Skelding

HEALTH OFFICERS OF THE AUTHORITY

Medical

Medical Officer of Health; Port Medical Officer; Principal School Medical Officer:

T. A. I. REES, B.Sc., M.B., B.Ch., D.C.H., D.Obst.R.C.O.G., D.P.H.,
D.I.H.

*Deputy Medical Officer of Health; Deputy Port Medical Officer;
Senior School Medical Officer:*

G. B. CARTER, M.B.E., M.D., D.P.H.

Senior Maternity and Child Welfare Medical Officer:

T. R. W. FORREST, M.R.C.S., L.R.C.P.

Senior Mental Health Medical Officer:

N. R. MATHESON, M.B., Ch.B., C.P.H.

Assistant School Medical Officer:

L. N. TRETHOWAN, M.R.C.S., L.R.C.P.

Assistant Maternity and Child Welfare and School Medical Officers:

ENID ATKINS, M.B., Ch.B., D.C.H.

D. BAILEY, M.B., B.S.

M. H. BORTHWICK, M.R.C.S., L.R.C.P.

H. W. HASKINS, M.B., Ch.B.

Consultant Chest Physician:

(in conjunction with the Regional Hospital Board)

J. J. Y. DAWSON, M.C., M.D., M.R.C.P., M.R.C.S.

Chest Physician:

(in conjunction with the Regional Hospital Board)

E. ASHMAN, M.R.C.S., L.R.C.P.

Dental

Principal Dental Officer:

R. M. MAYNARD, L.D.S. (retired 21.12.66)

T. S. LONGWORTH, L.D.S., R.C.S. (commenced 1.2.67)

Dental Surgeons – School Health and Mothers and Young Children:

M. S. WIDDUP, L.D.S.

MISS P. M. SIMPSON, L.D.S. (resigned 18.9.66)

MRS. K. J. M. YOUNG, B.D.S.

Other Staff

Chief Public Health Inspector:

W. G. LOCK, M.A.P.H.I.*†§

Port Health Inspector:

L. MILLER, M.A.P.H.I.

Senior Welfare Services Officer:

H. J. PATERNOSTER, F.I.S.W.

Superintendent Health Visitor/School Nurse:

MRS. B. H. LEWIS, S.R.N., S.C.M., H.V.CERT., Q.N.S. (resigned 1.1.67)

MISS O. J. CARPENTER, S.R.N., S.C.M., Q.I.D.N.S. H.V.CERT. (commenced 2.1.67)

Non-Medical Supervisor of Midwives and Superintendent of Midwifery:

MISS H. E. CLUEIT, R.F.N., S.R.N., S.C.M., M.T.D.

Superintendent of District Nurses' Home:

MISS D. M. WILLIAMS, S.R.N., S.C.M., M.T.D., H.V.CERT.

Chief Clerk:

G. G. BAKER, M.B.E., T.D.

Ambulance Officer:

R. D. SAMPSON, S.B.ST.J.

Moral Welfare Officer:

MISS B. FEATHERSTON

Home Help Organiser:

MRS. D. I. FISHLEY

* Public Health Inspector's Certificate

† Meat Inspector's Certificate

§ Sanitary Science Certificate

TO THE LORD MAYOR, ALDERMEN AND COUNCILLORS
OF THE CITY OF PLYMOUTH

I have the honour to present to you my Annual Report on the health of the city for the year 1966.

This, my second report to you as Medical Officer of Health, refers to a period of joint stewardship with my predecessor, Dr. T. Peirson, whom I succeeded in May. Most of 1966 was spent in settling in, getting to know the staff and appreciating the diverse functions of the department. This period was simplified by the help and consideration shown me by yourselves, my own staff, and the officers and staffs of all other Corporation departments. I am particularly indebted to the Chairman of the Health and Welfare Services Committee, Dr. Peirson, my Deputy, Dr. G. B. Carter, and to my Chief Clerk, Mr. G. G. Baker. Carrying on where Dr. Peirson left off was a pleasant task because I inherited a well-run, functional and loyal department.

Mention is made later in the report to the retirement during the year of Mr. R. M. Maynard, the Principal School Dental Officer. I would like to pay tribute to his long and loyal service to Plymouth. He was at all times willing, uncomplaining and cheerful, and gave invaluable support to both Dr. Peirson and myself. I sincerely hope he has a long and happy retirement.

In September the first meeting of the Standing Committee for the Co-ordination of Policies in relation to Welfare and Family Services took place, with myself as Co-ordinating Officer. This first meeting outlined the problems requiring attention. The next meeting in November received a report on problem families, present co-ordination, children in care, homeless families, and social work in the community. Even after the second meeting it was apparent that this new venture was going to provide worthwhile information and action and it was decided that in 1967 there should be quarterly meetings.

The health of the city continued to be satisfactory during 1966 and in most instances the indices for Plymouth were better than the national average.

I am, my Lord Mayor, Ladies and Gentlemen,

Your obedient servant,

T. A. I. REES.

HEALTH AND WELFARE DEPARTMENT
THE MUNICIPAL OFFICES
PLYMOUTH

(Telephone: Plymouth 68000)

October, 1967

Statistics and Social Conditions of the Area, 1966

Area in acres (Land and Inland Water) ...	...	13,115
Rateable value of the City ...	...	£8,635,559
Sum represented by the penny rate (estimated) ...	...	£34,748
Registrar-General's estimate of the home population ...	...	213,980
Number of marriages in the City during 1966 ...	...	1,950
Marriage Rate per 1,000 of estimated home population		9.11

Number of unemployed persons in the City area as at December, 1966:

	<i>Age</i>				<i>Total</i>
Men ...	18 and over	...	...	...	2,112
Boys ...	15 to 17	...	...	...	60
Women ...	18 and over	...	...	...	739
Girls ...	15 to 17	...	...	...	80
TOTAL ...					<u>2,991</u>

	<i>M</i>	<i>F</i>	<i>Total</i>	
<i>All Deaths</i> ...	1,266	1,162	2,428	Death rate per 1,000 of estimated home population – 11.35

<i>Comparability factors</i> ...	Births ...	1.02
	Deaths ...	1.02

STATISTICS RELATING TO MOTHERS AND INFANTS

<i>Live Births:</i>	<i>M</i>	<i>F</i>	<i>Total</i>	
Legitimate ...	1,797	1,686	3,483	Birth rate per 1,000
Illegitimate ...	178	161	339	of the estimated
	<u>1,975</u>	<u>1,847</u>	<u>3,822</u>	home population
				17.86

<i>Stillbirths:</i>	<i>M</i>	<i>F</i>	<i>Total</i>	
Legitimate ...	23	25	48	Stillbirth rate per
Illegitimate ...	2	–	2	1,000 total (live
	<u>25</u>	<u>25</u>	<u>50</u>	and still) births
				12.91

Total live and still births: 3,872

Infant Deaths:

(under 1 year)	<i>M</i>	<i>F</i>	<i>Total</i>	
Legitimate ...	32	33	65	
Illegitimate ...	4	2	6	
	<hr/>	<hr/>	<hr/>	
	36	35	71	
Infant mortality per 1,000 live births				<div> <div>{</div> <div>total ... 18.58</div> <div>legitimate ... 18.66</div> <div>illegitimate... 17.70</div> </div>
Neonatal mortality rate (deaths under 4 weeks per 1,000 total live births)				12.82
Early Neonatal mortality rate (deaths under 1 week per 1,000 total live births)				9.94
Perinatal mortality rate (stillbirths and deaths under 1 week combined, per 1,000 total live and stillbirths)				22.73
Maternal deaths (including abortion)				3
Maternal mortality rate per 1,000 live and stillbirths ...				0.77
Illegitimate live births per cent of total live births ...				8.87%

Cremation The Medical Officer of Health, in his capacity as Medical Referee of the City Crematorium, dealt with 1,883 applications for cremation during the year, as compared with 1,767 in the previous year. It was necessary in four cases to require a post-mortem examination before authorising cremation.

Medical Examinations of Council Employees During the year 1,195 examinations were carried out. 1,130 of these examinations were to assess fitness for occupation and suitability for entry to the Council's Superannuation and Sick Pay schemes of employees or prospective employees.

Of these:—

- (a) 851 (75.3%) were found free from any defect likely to affect their service and were reported to the employing department as fit for employment and entry to the schemes.

- (b) 9 (0.8%) were found unfit for Corporation employment.
- (c) 58 (5.1%) were found to possess defects likely to curtail materially their working life or lead to undue absence owing to sickness. They were reported as being reasonably fit for their proposed employment, but not for entry to the Superannuation or Sick Pay schemes.
- (d) 212 (18.7%) were found to have defects probably of a temporary or remediable nature. Though unfit for entry to the schemes at the time of examination it is probable that most of this group would be able to enter the schemes on re-examination after suitable treatment or a period of observation.

RETIREMENT ON MEDICAL GROUNDS

Forty persons in Corporation employment were recommended for retirement on medical grounds before the normal retiring ages. Six of these were officers. The average age of those retiring was 55 years 4 months and the average length of service 21 years 8 months.

MISCELLANEOUS EXAMINATIONS

Twenty-five other examinations were carried out, including twelve for other Authorities.

Chest X-ray examinations were made on employees of Health and Children Departments and on prospective employees of other departments when clinically indicated.

Cancer

I am indebted to Mrs. Longstaffe, the Records Officer of the Cancer Records Bureau, for information concerning the incidence of Cancer amongst Plymouth residents in respect of 1965. Information in respect of 1966 was not available when this report was printed.

PLYMOUTH RESIDENTS CANCER REGISTRATIONS 1965 BY AGE, SITE AND SEX

		<i>Under 20</i>	<i>20-29</i>	<i>30-39</i>	<i>40-49</i>	<i>50-59</i>	<i>60-69</i>	<i>70+</i>	<i>Total</i>
<i>140-148</i> Buccal Cavity and Pharynx	M	—	—	—	2	—	2	2	6
	F	—	—	1	—	1	—	3	5
<i>150-159</i> Digestive Organs and Peritoneum	M	—	—	—	6	15	39	48	108
	F	—	—	2	5	16	25	53	101
<i>160-165</i> Respiratory System	M	—	—	—	11	34	43	22	110
	F	—	—	—	—	4	7	8	19
<i>170</i> Breast	M	—	—	—	—	—	—	—	—
	F	—	—	4	15	16	27	21	83
<i>171-181</i> Genito-urinary Organs	M	1	—	1	1	3	7	28	41
	F	—	1	4	18	18	21	21	83
<i>190-191</i> Skin	M	1	—	3	3	13	19	13	52
	F	—	2	2	4	5	8	22	43
<i>192-199</i> Other and unspecified sites	M	—	2	1	1	3	5	2	14
	F	—	1	2	3	1	3	9	19
<i>200-205</i> Lymphatic and Hæmatopoietic tissues	M	3	—	1	1	4	2	5	16
	F	—	—	1	1	3	4	1	10
TOTAL		5	6	22	71	136	212	258	710

YEAR.	STILLBIRTHS.		INFANT MORTALITY.		NEO-MORTALITY.		MATERNAL MORTALITY.		
	No.	Rate per 1,000 Live and Still Births.	No. of Deaths under 1 year.	Rate per 1,000 Live Births.	No. of Deaths under 4 weeks.	Rate per 1,000 Live Births.	SEPSIS.		TOTAL.
							No. of Deaths.	Rate per 1,000 Live and Still Births.	
1914	51	10.02	553	109.7	215	42.68	5	.98	27
1915	29	6.80	505	119.3	145	34.26	6	1.41	23
1916	64	14.51	394	90.6	140	32.20	4	.90	24
1917	59	17.57	376	96.95	137	35.33	2	1.50	17
1918	133	33.24	373	96.63	132	34.20	5	1.25	19
Average	67	16.43	444	102.63	154	35.73	4	1.21	22
1919	143	33.70	352	85.85	135	32.93	5	1.18	23
1920	153	27.61	403	74.78	182	33.78	4	.73	26
1921	?	?	347	77.52	153	34.18	3	.67	15
1922	134	31.22	309	74.31	153	36.81	4	.93	21
1923	129	30.33	209	50.67	102	24.74	5	1.17	17
Average	139	30.71	324	72.62	145	32.49	4	.94	20
1924	125	32.23	306	81.53	128	34.11	6	1.54	25
1925	?	?	243	63.0	117	30.54	3	.78	18
1926	?	?	262	71.9	106	29.12	3	.83	11
1927	?	?	214	61.0	112	31.99	11	3.15	27
1928	149	39.64	250	69.2	121	33.53	5	1.38	22
Average	137	35.93	255	69.32	117	31.85	5	1.53	20
1929	147	40.03	210	59.5	111	31.49	6	1.76	17
1930	179	49.73	208	60.0	93	27.19	8	2.22	26
1931	128	36.00	229	66.8	102	29.77	1	.29	9
1932	153	44.94	190	58.44	97	29.84	8	2.35	20
1933	126	37.53	188	58.16	107	33.11	7	2.08	20
Average	147	41.64	205	60.58	102	30.28	6	1.74	18
1934	118	35.5	172	53.69	91	28.41	6	1.81	14
1935	124	38.8	183	59.70	103	33.60	9	2.82	16
1936	120	37.7	171	55.86	77	25.16	5	1.57	9
1937	118	36.9	141	45.88	66	21.48	7	2.19	17
1938	140	40.6	176	53.25	87	26.32	2	0.58	7
Average	124	37.9	168	53.68	85	26.99	6	1.79	12
1939	127	35.5	145	42.04	82	23.79	2	0.55	11
1940	117	34.2	197	59.69	95	28.83	7	2.04	11
1941	82	32.3	178	77.49	75	30.57	2	0.84	6
1942	87	29.9	146	51.82	85	30.17	2	0.69	10
1943	103	31.7	118	37.53	57	18.13	5	1.54	8
Average	103	32.7	157	53.71	79	26.29	4	1.13	7
1944	99	27.6	139	39.98	80	23.01	3	0.84	12
1945	111	28.2	214	55.96	112	29.28	3	0.76	10
1946	101	23.09	197	46.11	113	26.45	1	0.22	12
1947	97	21.14	224	49.88	127	28.28	1	—	6
1948	82	19.91	120	29.73	80	19.82	1	0.24	3
Average	98	23.99	179	44.33	102	25.37	2	0.41	2
1949	98	25.34	129	34.23	75	19.89	—	—	5
1950	68	18.88	104	29.43	67	18.96	1	0.27	4
1951	89	23.98	121	33.41	77	21.26	—	—	2
1952	81	22.70	103	29.53	73	20.94	—	—	3
1953	75	20.17	98	26.90	62	17.02	1	0.27	6
Average	82	22.21	111	30.70	71	19.61	.4	0.11	4
1954	90	24.52	101	28.21	71	19.83	—	—	4
1955	73	20.22	73	20.65	52	14.71	—	—	3
1956	86	23.80	62	17.58	46	13.05	—	—	1
1957	69	18.73	81	22.41	59	16.32	—	—	1
1958	73	19.60	74	20.26	49	13.42	—	—	2
Average	78	21.37	78	21.82	55	15.47	—	—	2
1959	80	21.42	79	21.61	58	15.86	—	—	3
1960	67	17.86	85	23.08	64	17.38	—	—	—
1961	46	12.26	75	20.24	56	15.11	—	—	—
1962	66	17.26	79	21.03	59	15.70	—	—	—
1963	54	13.77	78	20.17	49	12.67	—	—	—
Average	63	16.51	79	21.23	57	15.34	—	—	—
1964	63	16.15	60	15.63	40	10.42	—	—	—
1965	51	13.36	61	16.20	38	10.09	—	—	—
1966	50	12.91	71	18.58	49	12.82	1	0.26	1
									3
									0.26
									0.77

DEATHS UNDER FIVE YEARS OF AGE—BY CAUSES AND AGE GROUPS
(CLASSIFIED LOCALLY UNDER THE INTERNATIONAL STATISTICAL CLASSIFICATION OF CAUSES OF DEATH)
FOR THE 52 WEEKS ENDED 28TH DECEMBER, 1966

Cause of Death	Under 1 day		1 day		2 days		3 days		4 days		5 days		6 days		7-13 days		14-20 days		21-28 days		Total under 1 month		1-2 months		2 months		3 months		4 months		5 months		6 months		7 months		8 months		9 months		10 months		11 months		Total under 1 year		1-4 years		Total under 5 years	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.						
A 6 Congenital syphilis ...	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
A 43 All other diseases classified as infective and parasitic ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
A 57 Malignant neoplasm of all other, and unspecified sites ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
A 66 Allergic disorders; all other endocrine, metabolic and blood disorders ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
A 71 Non-meningococcal meningitis ...	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
A 82 Other diseases of heart ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
A 90 Bronchopneumonia ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	4	1	1	3	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
A 91 Primary atypical, other and unspecified pneumonia ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
A 103 Intestinal obstruction and hernia ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
A 104 Gastro-enteritis and colitis, except diarrhoea of the newborn ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
A 127 Spina bifida and meningocele ...	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
A 128 Congenital malformations of circu- latory system ...	-	-	1	-	1	-	-	1	-	-	1	-	1	-	1	-	1	1	1	6	3	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
A 129 All other congenital malformations ...	-	1	-	-	-	1	-	-	-	-	-	-	1	-	-	1	-	-	-	1	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
A 130 Birth injuries ...	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
A 131 Postnatal asphyxia and atelectasis ...	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	3	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
A 132 Infections of the newborn ...	-	-	-	-	-	-	-	-	-	-	-	1	-	-	2	-	-	-	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
A 135 Ill-defined diseases peculiar to early infancy, and immaturity unqualified ...	3	8	2	1	1	1	2	-	1	-	-	-	-	1	-	-	-	-	-	10	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AE140 Accidental poisoning ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
AE141 Accidental falls ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
AE147 All other accidental causes ...	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
AE149 Homicide and injury purposely inflicted by other persons (not in war) ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
TOTALS ...	7	11	5	3	2	2	2	1	1	-	1	1	1	1	4	-	2	1	2	2	27	22	-	2	6	1	2	4	-	-	1	3	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

DEATHS BY AGE GROUPS AND CAUSES—1966

AS CLASSIFIED BY THE REGISTRAR GENERAL

CAUSE OF DEATH	<i>under 4 weeks</i>		<i>4 weeks and under 1 year</i>		<i>1-4 years</i>		<i>5-14 years</i>		<i>15-24 years</i>		<i>25-34 years</i>		<i>35-44 years</i>		<i>45-54 years</i>		<i>55-64 years</i>		<i>65-74 years</i>		<i>75 years and over</i>		<i>Total all ages</i>	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1. Tuberculosis, respiratory ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	4	—	—	1	6	1
2. Tuberculosis, other ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3. Syphilitic disease ...	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	2	—
4. Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping-cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal infections ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases ...	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	3
10. Malignant neoplasm, stomach ...	—	—	—	—	—	—	—	—	—	—	—	—	1	—	3	2	9	2	14	5	21	6	48	15
11. Malignant neoplasm, lung and bronchus ...	—	—	—	—	—	—	—	—	—	—	—	—	3	—	13	2	44	5	38	9	9	3	107	19
12. Malignant neoplasm, breast ...	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	7	—	7	—	11	—	9	—	37
13. Malignant neoplasm, uterus ...	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	6	—	9	—	7	—	1	—	27
14. Other malignant and lymphatic neoplasms ...	—	—	—	—	1	—	—	—	2	—	1	2	—	3	5	12	23	17	31	25	35	29	98	88
15. Leukaemia and aleukaemia ...	—	—	—	—	—	—	—	—	1	—	—	—	1	1	—	—	1	1	2	—	1	—	6	2
16. Diabetes ...	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	—	—	—	3	4	5	7	10	12
17. Vascular lesions of nervous system ...	—	—	—	—	—	—	—	—	—	—	—	—	—	3	5	10	15	21	43	44	71	117	134	195
18. Coronary disease, angina ...	—	—	—	—	—	—	—	—	—	—	1	—	4	1	31	5	75	27	113	71	99	99	323	203
19. Hypertension with heart disease...	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3	1	2	—	9	9	9	19	23	30
20. Other heart disease ...	—	—	—	—	—	—	—	1	2	—	—	—	2	1	7	8	9	10	28	29	70	118	118	167
21. Other circulatory disease ...	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	6	4	17	19	20	27	43	52
22. Influenza ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	2	4	2	8
23. Pneumonia ...	1	2	8	5	2	—	—	—	—	—	—	—	—	—	3	2	9	6	18	19	38	76	79	110
24. Bronchitis ...	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	1	15	2	32	10	30	14	80	27
25. Other diseases of respiratory system	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—	—	5	2	—	4	6	8
26. Ulcer of stomach and duodenum...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	1	4	3	5	5	13	9
27. Gastritis, enteritis and diarrhoea...	—	—	1	1	1	—	—	—	—	—	—	—	—	—	—	—	1	—	3	—	1	2	7	3
28. Nephritis and nephrosis ...	—	—	—	—	—	—	—	—	—	1	—	—	—	—	4	2	1	2	—	2	2	—	7	7
29. Hyperplasia of prostate ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	9	—	11	—
30. Pregnancy, childbirth, abortion...	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	2
31. Congenital malformations ...	7	6	1	3	1	—	—	—	—	—	—	—	—	—	—	1	1	—	2	—	—	—	12	10
32. Other defined and ill-defined diseases	16	15	—	2	1	—	3	1	2	1	—	—	2	4	8	7	14	6	12	17	17	50	75	103
33. Motor vehicle accidents ...	—	—	—	—	—	—	1	—	7	1	1	—	1	1	4	—	2	1	—	—	3	1	19	4
34. All other accidents ...	1	—	—	—	—	2	2	—	4	—	2	—	1	—	4	1	6	1	1	5	3	1	24	10
35. Suicide ...	—	—	—	—	—	—	—	—	—	—	—	—	2	1	1	3	4	2	2	2	3	1	12	9
36. Homicide and operations of war...	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
TOTAL ALL CAUSES ...	26	23	10	12	6	2	6	3	19	5	6	4	18	25	97	72	241	125	384	297	453	594	1266	1162

INTERNATIONAL STATISTICAL CLASSIFICATION OF CAUSES OF DEATH—(W.H.O. 1948)

12d

CLIMATOLOGICAL OBSERVATIONS

Taken at The Hoe, Plymouth, during the year 1966

	1966	1965	<i>Records and Averages</i>
TEMPERATURES:			
Maximum	78.7 (10th June)	75.2 (13th May)	87.0† (16/8/47 and 12/7/23)
Minimum	24.5 (15th January)	19.9 (3rd March)	16.0† (29/1/47 and 1/2/47)
Mean	51.9	50.2	51.5***
Daily Range	10.5	10.5	10.7***
Relative Humidity ...	83%	82%	81%***
EARTH TEMPERATURES:			
Earth 1 ft. deep ...	53.0	51.5	52.3*
Earth 4 ft. deep ...	53.3	52.1	52.8**
Minimum on Grass ...	17.1 (16th January)	16.1 (3rd March)	5.0† (2/2/56)
SEA TEMPERATURE:			
Mean 6 ft. deep ...	54.0	52.6	53.3*
RAINFALL:			
Total during year ...	43.32"	44.88"	37.62"***
Greatest fall in one day	1.89" (22nd October)	1.18" (24th January)	2.55"† (15/8/52)
Number of Rain Days	210	200	190***
SUNSHINE:			
Total number of Hours	1660.7	1563.7	1684.6***
Greatest daily Amount	15.3 (28th June)	15.2 (28th June)	15.3† (3/6/06, 5/6/57 and 28/6/66)
Number of Sunless days	75	67	63***
WIND:			
Prevailing direction	SW	W	SW***
Highest gust, m.p.h. ...	75 (17th October)	80 (17th January)	96† (8/3/28)

Temperatures Fahrenheit

- † Denotes an Absolute Record.
- * Denotes a 55 Year Average.
- ** Denotes a 37 Year Average.
- *** Denotes a 60 Year Average.

SOME FEATURES OF THE WEATHER DURING 1966

Sunshine

The amount of sunshine recorded for the whole year was a little below the sixty years' average, but that for the summer months, with the exception of June, was appreciably better than average. September was an exceptionally sunny and dry month.

Rainfall

The rainfall measured for the year at 43.32 inches was 5.7 inches above the sixty years' average, the wettest months being January, February, April and October with 4.57, 5.88, 5.36 and 7.21 inches respectively. September was the driest month with only 0.80 inches compared with the sixty years' average of 2.70 inches. There was only one fall of snow during the year which occurred in March and then it did not lie. Relative humidity was slightly higher than the sixty years' average. Hail and thunder were rare phenomena.

Temperatures

The mean temperature for 1966 was near the sixty years' average. The mean earth temperatures one foot deep and four feet deep, and the mean sea temperature were all slightly above average. Ground frost occurred in January, February, March, April, October, November and December for ten, one, thirteen, one, five, nineteen and seven days respectively, but severe conditions were noticeably absent.

Wind

There were seventeen days of gale during the year, most of which occurred during the winter months. Winds were predominantly from W to SW and although accompanied at times by rain did not appreciably mar the summer.

The highest gust recorded for the year was 75 m.p.h. on 17th October.

Maternity and Child Welfare

Senior Medical Officer:

DR. T. R. W. FORREST

Births The number of notified and registered live births in 1966 was 5,178 and after adjustment for inward and outward transfers, 3,901. The Registrar General's allocation of live births was 3,822 making the birth rate for the year 17.86; the estimated rate for England and Wales being 17.7.

On the Registrar General's allocation, 8.9 per cent of live births were illegitimate.

There were 3,894 live births in institutions of which 1,297 were outward transfers, leaving 2,597 belonging to Plymouth. The number of domiciliary live births was 1,284, which included 11 outward transfers.

	<i>Notified and Registered</i>	<i>Adjusted by Transfers</i>	<i>Allocated</i>
Total live births (legitimate and illegitimate)	5,178	3,901	3,822
Total stillbirths (legitimate and illegitimate)	88	51	50
	<hr/> 5,266	<hr/> 3,952	<hr/> 3,872
Illegitimate births: live	325	276	339
stillbirths	11	6	2
	<hr/> 336	<hr/> 282	<hr/> 341

PLACE OF CONFINEMENT

Own home – municipal midwife	996
Own home – municipal midwife with doctor present	276
Own home – private midwife with doctor present	1
Alexandra Maternity Home – midwife	327
Alexandra Maternity Home – midwife with doctor present	267
Devonport Maternity Home – midwife	580
Devonport Maternity Home – midwife with doctor present	30
Freedom Fields Hospital – midwife	1,931
Freedom Fields Hospital – midwife with doctor present	775
“Mayflower” Mother and Baby Home – midwife ...	9
B.B.A. at home (hospital booking)	11
B.B.A. at home – doctor only present	1

* 5,204

*Multiple births counted as one

PLYMOUTH RESIDENTS CONFINED IN PLYMOUTH:

At home	...	...	...	...	...	1,272	(32.8%)
In hospital	...	...	...	...	...	2,605	(67.2%)
						3,877	

BIRTH RATES FROM 1920

<i>Year</i>					<i>England and Wales</i>	<i>Plymouth</i>
1920-29 average	...	...	...	...		18.90
1930-39 average	...	...	...	...		15.40
1940-49 average	...	...	...	...	16.9	21.60
1950	...	...	...	...	15.8	16.91
1951	...	...	...	...	15.5	16.49
1952	...	...	...	...	15.3	15.95
1953	...	...	...	...	15.5	16.45
1954	...	...	...	...	15.2	16.46
1955	...	...	...	...	15.0	16.22
1956	...	...	...	...	15.7	16.31
1957	...	...	...	...	16.1	16.59
1958	...	...	...	...	16.4	16.88
1959	...	...	...	...	16.5	16.89
1960	...	...	...	...	17.1	17.01
1961	...	...	...	...	17.4	17.42
1962	...	...	...	...	18.0	17.90
1963	...	...	...	...	18.2	18.41
1964	...	...	...	...	18.4	17.96
1965	...	...	...	...	18.0	17.71
1966	...	...	...	...	17.7	17.86

Stillbirths Eighty-eight stillbirths were notified and registered, 50 of these belonging to Plymouth. The Registrar General's allocation was 50 and on this the stillbirth rate was 12.91 ; the England and Wales estimated rate being 15.3.

STILLBIRTH RATE		
YEAR	ENGLAND AND WALES	PLYMOUTH
	<i>Per 1,000 births</i>	<i>Per 1,000 births</i>
1957	22.4	18.73
1958	21.6	19.60
1959	20.7	21.42
1960	19.7	17.86
1961	18.7	12.26
1962	18.1	17.26
1963	17.3	13.77
1964	16.3	16.15
1965	15.7	13.36
1966	15.3	12.91

Number of notified stillbirths – Institutional					....	....	86
Freedom Fields Hospital	...	...	...	...		83	
Alexandra Maternity Home	...	...	...	...		2	
Devonport Maternity Home	...	...	...	...		1	
“Mayflower” Mother and Baby Home	...	...	...	...		–
– Domiciliary					....	....	2
							—
							88
Less outward transfers	....	....	....	....		38	
							—
							50
Inward transfers	....	....	....	....	....	1	
							—
Plymouth stillbirths	....	....	....	....	....	51	
							—

The following is an analysis of the registered causes of stillbirths:

Accidental hæmorrhage	... ..	5
Hydrops foetalis	... ..	4
Toxæmia	... ..	1
Breech	... ..	1
Anoxia	... ..	3
Rhesus incompatibility	... ..	1
Mongolism	... ..	1
Placental insufficiency	... ..	12
Cord tight around neck	... ..	5
True knot in cord	... ..	2
Twisted umbilical cord	... ..	1
Intra uterine death	... ..	2
Anencephaly	... ..	2
Microcephaly	... ..	1
Hydrocephalus	... ..	2
Meningocele	... ..	1
Fœtal asphyxia	... ..	2
Intracranial damage	... ..	1
Prematurity	... ..	2
Macerated foetus	... ..	2
		—
		51
		==

Infant Mortality

The Registrar General allocated 71 infant deaths to Plymouth, giving an infant mortality rate of 18.58; the provisional rate for England and Wales being 18.9.

The early neonatal mortality rate is 9.94, the neonatal mortality rate 12.82, and the perinatal mortality rate 22.73. (The Freedom Fields Maternity Unit perinatal mortality rate was 50.8, the Alexandra Maternity Home 5.5, Devonport Maternity Home 5.4 and the Domiciliary 3.1.) The higher rate for Freedom Fields is to be expected owing to abnormal bookings. The provisional perinatal mortality rate for England and Wales was 26.3.

Of the 49 deaths under one month, 77.6 per cent occurred in the first week and 30.6 per cent were born prematurely.

<i>Age at Death</i>			<i>Premature</i>	<i>Others</i>	<i>Total</i>
Under 24 hours	...	...	11	7	18
1-6 days	...	...	4	16	20
			—	—	—
Total under 1 week	...	...	15	23	38
1 week-1 month	...	...	—	11	11
			—	—	—
Total under 1 month	...	...	15	34	49
			==	==	==

The following is an analysis of the causes of death in the first week of life:—

Prematurity	...	...	...	...	...	...	15
Respiratory distress syndrome	...	...	...	...	...	...	7
Tentorial tear	...	...	...	...	...	...	1
Hydrocephalus	...	...	...	...	...	...	1
Congenital heart disease	...	...	...	...	...	...	5
Lack attention at birth	...	...	...	...	...	...	1
Coliform meningitis	...	...	...	...	...	...	1
Renal defect	...	...	...	...	...	...	1
Bronchopneumonia	...	...	...	...	...	...	2
Congenital syphilis	...	...	...	...	...	...	1
Exomphalos	...	...	...	...	...	...	1
Anoxia due to difficult labour	...	...	...	...	...	...	1
Encephalocele	...	...	...	...	...	...	1
							—
							38
							==

Between one week and one month of age, there were four deaths from congenital heart disease, two each from bronchopneumonia and multiple congenital abnormalities, and one each from acute respiratory distress, septicæmia, and anæmia.

Between one month and one year twelve children died from bronchopneumonia, some of them also having defects, three died from heart failure due to congenital heart disease, two from enteritis, and one each from meningitis, toxoplasmosis, meningocele, disaccharide intolerance and there was one case of infanticide by Ronsonol poisoning.

Between one year and five years there were two deaths from bronchopneumonia, and one each from neuroblastoma, hydrocephalus, fall from perambulator, lead poisoning from paint, intussusception, and inhalation of gastric content in a convulsion. There were no deaths from motor accidents or drowning.

				<i>Deaths under 1 month</i>	<i>Deaths 0-1 years</i>	<i>Deaths 1-5 years</i>	<i>Total Deaths under 5 years</i>
1957	...	...	...	59	81	11	92
1958	...	...	...	49	74	14	88
1959	...	...	...	59	78	15	93
1960	...	...	...	66	85	7	92
1961	...	...	...	56	75	20	95
1962	...	...	...	59	79	8	87
1963	...	...	...	49	78	13	91
1964	...	...	...	40	60	8	68
1965	...	...	...	38	61	12	73
1966	...	...	...	49	71	8	79

Care of Premature Infants The total number of live born premature babies belonging to Plymouth was 266. 7.1 per cent of the total notified live births were premature and of those belonging to Plymouth 6.8 per cent. The percentage surviving at one month was 86.1 and the premature neonatal mortality rate was 101.5.

Neonatal mortality rates in premature babies:

1957	...	...	...	...	...	184.4
1958	...	...	...	...	...	110.6
1959	...	...	...	...	...	145.8
1960	...	...	...	...	...	157.3
1961	...	...	...	...	...	157.2
1962	...	...	...	...	...	159.1
1963	...	...	...	...	...	101.3
1964	...	...	...	...	...	85.0
1965	...	...	...	...	...	78.1
1966	...	...	...	...	...	101.5

DOMICILIARY PREMATURE BABY NURSING SERVICE

SUMMARY OF WORK DONE—

Total number of babies attended	...	...	...	257
Premature babies (i.e. 5½ lb. or under)	...	...	...	213
(a) Born on district and nursed at home entirely	...	...	...	24
(b) Born on district and transferred to hospital	...	...	...	13
(c) Born in hospital and discharged for home nursing when 4 lb. 6 oz. or over	...	...	...	176
Difficult feeders (i.e. babies weighing over 5½ lb. at birth but immature, or presenting feeding difficulties)	...	...	...	44

PREMATURE BABIES BORN ON DISTRICT AND NURSED AT HOME ENTIRELY

<i>Weight Group</i>	<i>No. of babies</i>	<i>Average duration of nursing</i>	<i>Illnesses in first month</i>	<i>Mortality in first month</i>
Over 4 lbs. 6 oz. up to and including 4 lbs. 15 ozs....	8	28 days	—	—
Over 4 lbs. 15 ozs. up to and including 5 lbs. 8 ozs. ...	16	21 days	—	—

The statistical summaries which follow deal with all Plymouth's premature babies whether born at home or in hospital:

Analysis of probable causes of prematurity:

Multiple pregnancy	...	...	...	...	46
Spontaneous premature rupture of membranes	...	...	...	...	10
Induction for supposed postmaturity	...	...	...	...	3
Induction for other reasons:					
Toxaemia	...	...	...	...	26
Hypertension	...	...	...	...	6
Rhesus – antibodies	...	...	...	...	3
Addisons disease	...	...	...	...	1
No reason given	...	...	...	...	4
A.P.H.:					
Accidental	...	...	...	...	9
Placenta praevia	...	...	...	...	1
Epilepsy	...	...	...	...	1
Chronic pyelo-nephritis	...	...	...	...	1
At term, but underweight	...	...	...	...	6
History of premature labour	...	...	...	...	1
Pylitis at thirty weeks	...	...	...	...	1
Cæsarean section	10
Rhesus incompatibility	2
Hydramnios	3
Cause unknown	132

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PLYMOUTH PREMATURE OR UNDERWEIGHT BABIES

	Total belonging to Plymouth	Died within 24 hours	Died 1-28 days	Left Plymouth within 28 days	Surviving and living in Plymouth at 28 days	Died after 28th day and up to 31.12.66	Left Plymouth after 28th day and up to 31.12.66	Surviving and living in Plymouth at 31.12.66
Institutional premature infants	228 (I.T. 13)	14	13	9	192 (I.T. 13)	3	12	177 (I.T. 13)
Domiciliary premature infants	38	—	—	1	37	—	—	37
TOTALS ...	266 (I.T. 13)	14	13	10	* 229 (I.T. 13)	3	12	214 (I.T. 13)

* Surviving at one month ... 86.1%

Legitimate ...	...	244	Male	...	121
Illegitimate ...	...	22	Female	...	145
		—			—
		266			266

See following Table for more detailed information.

PREMATURE LIVE AND STILL BIRTHS BELONGING TO PLYMOUTH
GROUPED ACCORDING TO BIRTH WEIGHT

Weight at birth	PREMATURE LIVE BIRTHS												PREMATURE STILLBIRTHS	
	Born at home or in a nursing home													
	Born in hospital						Transferred to hospital on or before 28th day							
	Died			Died			Died			Died				
	within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	Total births	within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	Total births	within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	Total births		
1. 2 lb. 3 oz. or less	7	6	—	—	—	—	—	—	—	—	—	—	3	—
2. Over 2lb. 3 oz. up to and including 3 lb. 4 oz. ...	19 (I.T. 1)	5	4	—	—	—	—	—	—	—	—	—	7 (I.T.1)	—
3. Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. ...	40 (I.T. 4)	1	4	2	—	—	—	—	—	—	—	2	9	—
4. Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. ...	48 (I.T. 3)	1	—	—	8	—	—	—	—	—	—	6	3	—
5. Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. ...	114 (I.T.5)	1	2	1	16	—	—	—	—	—	—	6	5	—
TOTALS ...	228 (I.T13)	14	10	3	24	—	—	—	—	—	—	14	27 (I.T.1)	—

CHILD WELFARE SESSIONS

	Beacon Park	Crownhill	Devonport Park	Efford	Emesettle	Honic- knowle	Laira	Peeverell	St. Budeaux	Seven Trees	Southway	Stonehouse	Whitleigh	Totals
Number of sessions held	100	51	100	51	48	48	52	102	102	152	99	52	52	1,009
Number of attendances: 0-1 year { 1st attend. { Re-attend.	275 2,634	242 1,703	448 3,364	129 946	57 588	130 1,238	85 891	327 3,063	353 2,997	654 5,514	148 1,243	262 1,787	138 872	3,248 26,840
1-2 years ...	388	333	395	243	213	261	325	584	504	791	338	320	272	4,967
2-5 years ...	316	166	134	187	198	141	173	386	336	187	514	176	315	3,229
TOTAL ...	3,613	2,444	4,341	1,505	1,056	1,770	1,474	4,360	4,190	7,146	2,243	2,545	1,597	38,284
Average attendance per session ...	36.1	47.9	43.4	29.5	22.0	36.9	28.3	42.7	41.1	47.0	22.7	48.9	30.7	37.9
Doctors' consultations ...	1,127	765	1,149	421	481	470	319	1,263	927	2,202	780	668	503	11,075
Vaccination and Immunisation: Number of attendances at combined sessions ...	—	—	—	823	568	—	455	—	—	—	—	—	—	1,846

Child Welfare Centres The sessions at our thirteen Child Welfare Centres remained unchanged and the average attendance per session was 37.9.

For details, see table on page 23a.

Welfare Food Service During 1966 there were sixteen distribution centres, thirteen of these being in our Child Welfare Centres. We are grateful to members of the Women's Royal Voluntary Service and others for their help.

Summary of issues:

				<i>National Dried Milk</i>	<i>Cod Liver Oil</i>	<i>Vitamin A and D Tablets</i>	<i>Orange Juice</i>
				<i>tins</i>	<i>bottles</i>	<i>packets</i>	<i>bottles</i>
1965	...	...	...	63,650	4,030	3,577	50,477
1966	...	...	...	54,513	4,294	3,068	50,693

Notification of Congenital Defects The scheme whereby congenital defects apparent at birth are notified to the Medical Officer of Health on the birth notification form has worked well and twenty-nine defects were classified and communicated to the Registrar General.

The following congenital defects were notified:

Talipes	...	...	...	...	...	...	...	12
Encephalocele and cleft palate	...	...	...	...	...	...	...	1
Spina bifida	...	...	...	...	...	...	...	3
Exomphalos	...	...	...	...	...	...	...	2
Absence of foot	...	...	...	...	...	...	...	1
Absence of digits	...	...	...	...	...	...	...	1
Extra digits	...	...	...	...	...	...	...	5
Anencephaly	...	...	...	...	...	...	...	1
Cleft lip	...	...	...	...	...	...	...	1
Down's syndrome	...	...	...	...	...	...	...	1
Multiple defects	...	...	...	...	...	...	...	1
								—
								29
								==

Handicapped Children Twenty-three children reached the age of five during the year with handicaps persisting as follows:

Severe retardation	...	...	...	...	...	6
Cerebral palsy	...	...	...	...	...	6
Severely partially deaf	...	...	...	...	...	3
Congenital heart disease	...	...	...	...	...	2
Hydrocephalus	...	...	...	...	...	2
Down's syndrome	...	...	...	...	...	1
Muscular dystrophy	...	...	...	...	...	1
Epilepsy	...	...	...	...	...	1
Multiple congenital defects	...	...	...	...	...	1

Antenatal Attendances were as shown in the tables.

Nine hundred and twenty-seven Kahn tests and eight hundred and ninety-three Hæmoglobin estimations were made on specimens taken in the clinics.

The number of antenatal patients in the area whose specimens passed through the Plymouth Blood Transfusion Sub-Centre and were tested for Syphilis was five thousand and sixty-nine.

Postnatal The postnatal session is combined with one of our antenatal sessions. Six women out of nine attended

Number of women given an appointment	...	...	9
Number of first attendances	...	...	6
Number requiring advice or treatment	...	...	—

Hospital Maternity Homes One thousand and eighty-three Plymouth women were admitted to the Alexandra and Devonport Maternity Homes for confinement on social as distinct from medical grounds.

Chest Radiography of Expectant Mothers Three hundred and eighty-nine expectant mothers attended Beaumont House or the Mass Radiography Centre for chest X-ray. Thirty-seven mothers were referred through this department, of whom about seventy-three per cent attended.

ANTENATAL CENTRES - MEDICAL SESSIONS

	<i>Beacon Park</i>	<i>Crownhill</i>	<i>Devonport Park</i>	<i>Laira</i>	<i>St. Budeaux</i>	<i>Seven Trees</i>	<i>Stonehouse</i>	<i>Totals</i>
Number of Medical Officers' sessions held	51	51	52	48	52	103	52	409
1st attendances	96	63	168	115	53	282	211	988
Re-attendances	336	225	490	265	169	1,094	532	3,111
Miscellaneous (Bloods { 1st attendances only) { re-	24 4	14 —	127 3	13 —	72 4	13 —	190 14	453 25
Total attendances { 1st re-	120 340	77 225	295 493	128 265	125 173	295 1,094	401 546	1,441 3,136
Average attendance per session	9.0	5.9	15.2	8.2	5.7	13.5	18.2	11.2
Number of transfers from 1965	16	11	24	12	8	65	32	168
Total number of { A.N. women attending { during 1966 { Misc.	112 } 136 24 }	74 } 88 14 }	192 } 319 127 }	127 } 140 13 }	61 } 133 72 }	347 } 360 13 }	243 } 433 190 }	1,156 } 1,609 453 }

Maternal Mortality

Five deaths occurred in Plymouth in 1966, all Plymouth women. Of the deaths due to pregnancy and childbirth, one was from renal failure, one from spontaneous rupture of uterus, and one from septic abortion.

Of the associated deaths one was due to a ruptured congenital cerebral aneurysm, and one was due to rupture of a dissecting aneurysm of the aorta.

MATERNAL MORTALITY

YEAR	ENGLAND AND WALES		PLYMOUTH	
	<i>Per 1,000 total births</i>		<i>Per 1,000 total births</i>	
	<i>Including Abortions</i>	<i>Excluding Abortions</i>	<i>Including Abortions</i>	<i>Excluding Abortions</i>
1957	0.47	0.37	0.27	0.27
1958	0.43	0.35	0.54	0.54
1959	0.38	0.32	0.80	0.53
1960	0.39	0.31	Nil	Nil
1961	0.33	0.27	Nil	Nil
1962	0.35	0.28	Nil	Nil
1963	0.28	0.22	Nil	Nil
1964	0.25	0.20	Nil	Nil
1965	0.25	0.19	0.26	0.26
1966	0.26	0.20	0.77	0.51

Puerperal Pyrexia

Total notifications	....	....	44
Outward transfers	....	....	11
			—
Belonging to Plymouth	....		33
			==

Ophthalmia Neonatorum

One case of ophthalmia was notified.

Family Planning

The Plymouth City Branch of the Family Planning Association held sessions at Seven Trees and the Plymouth and District Branch at Honicknowle and Stonehouse.

Attendances were as follows:

	<i>Seven Trees</i>	<i>Honicknowle</i>	<i>Stonehouse</i>
	<i>Centre</i>	<i>Centre</i>	<i>Centre</i>
Number of clinics held ...	78	50	50
New cases seen by doctor ...	559	257	219
Total return visits ...	3,045	715	708

Cervical Cytology Service A service for taking cervical smears and examining the breasts of women between 30 and 65 years was commenced in two Maternity and Child Welfare Centres on 18th October, 1965. By the end of this year one thousand, four hundred and nine women had been examined. This service is available by writing to the Medical Officer of Health. Examination of the smears is performed by the Plymouth Clinical Area Laboratory.

Day Nursery Arrangements at the nursery continued as in previous years.

The number of children on the register was forty at the beginning of the year and forty-two at the end of the year.

	0-2 years	2-5 years
Number of children admitted during the year	15	50*
Number of children discharged during the year	9*	54
Number of children registered at the end of year	5	37
Average daily attendance 	3.4	30.8

* excludes three transfers to 2-5 year group

Residential Nurseries Visits were made as necessary by the staff to the residential nurseries.

Nurseries and Child Minders Three private day nurseries, accommodating eighty-eight children and ten daily minders authorised to care for one hundred and thirty-four children are registered under the Nurseries and Child Minders Regulation Act, 1948. There are in addition numerous play groups operating in the city, where children can be placed for short periods. All are visited periodically.

ANTENATAL CLINICS - MIDWIVES' SESSIONS

	<i>Beacon Park</i>	<i>Crownhill</i>	<i>Devonport Park</i>	<i>Efford</i>	<i>Ernesettle</i>	<i>Honick- nowle</i>	<i>Peeverell</i>	<i>St. Budeaux</i>	<i>Seven Trees</i>	<i>Southway</i>	<i>Stone- house</i>	<i>Totals</i>
Number of Midwives' sessions held	103	100	52	52	51	51	51	52	101	52	51	716
1st attendances ...	232	107	163	60	51	138	73	144	164	59	136	1,327
Re-attendances ...	1,005	359	606	331	219	373	299	586	792	150	786	5,506
Total attendances ...	1,237	466	769	391	270	511	372	730	956	209	922	6,833
Average attendance per session ...	12.0	4.7	14.8	7.5	5.3	10.0	7.3	14.0	9.5	4.0	18.1	9.5
Number of transfers from 1965 ...	67	41	81	21	12	25	36	52	60	25	43	463
Total number of women attending during 1966 ...	299	148	244	81	63	163	109	196	224	84	179	1,790

REPORT OF MISS B. FEATHERSTON

Moral Welfare Officer

Care of Illegitimate Children and Moral Welfare Work

The number of new cases reported during the year 1966 shows a decrease of thirty-one from the previous year. Adoption figures are slightly up, and we continue to work very amicably with the Adoption Societies. We sent thirty-four babies to the Western National Adoption Society at Bath, twenty-one babies to the London Borough of Bexley, ten to the Adoption Sub-Committee of the local Children Department, and five to the Roman Catholic Adoption Society.

The number of girls sent to Mother and Baby or Maternity Homes is slightly higher this year than it was in the previous year. We are very happy indeed to have the "Mayflower" Salvation Army Maternity Home open again.

Towards the end of 1966, we applied to the Buttle Trust for financial help for those girls who are on low incomes, and who keep their babies. The amount of money granted will not show until the 1967 figures, but we are extremely grateful to the Trust for their generosity. Dr. Barnardo's help us by taking into their care babies unsuitable for immediate adoption, and defective babies.

We are greatly indebted to those families who are willing to take in pregnant girls until they are confined, or until they are admitted to Maternity Homes, but there is still a need for families who are willing to take in girls with their babies, and care for the babies whilst the girls go out to work.

As always, we are indebted to the St. John Ambulance Brigade for supplying escorts; to Justices of the Peace; to Commander Goodall and his staff at the Naval Welfare Office, for their unfailing co-operation, and to General Practitioners.

The following is a summary of the work done:

Cases on hand from 1965	...	...	...	...	...	264
Cases reported in 1966—						
Unmarried mothers	...	...	...	...	...	198
Married women with illegitimate children	...	...	...	...	...	54
Cases re-opened in 1966—						
Unmarried mothers	...	...	...	...	...	11
Married women with illegitimate children	...	...	...	...	...	13
					—	276

Reported by:—

Maternity & Child Welfare	...	...	...	...	15
Children Officer	...	...	...	...	6
General practitioners	...	...	...	...	98
Social workers	...	...	...	...	37
Hospital Almoners	...	...	...	...	16
Ministry of Social Security	...	...	...	...	6
Probation Officer	...	...	...	...	3
Guild of Social Service	...	...	...	...	4
Themselves and others interested	...	...	...	...	91

Total cases dealt with in 1966	540
--------------------------------	-----	-----	-----	-----	-----

Number of interviews	...	...	...	...	...	1,643
Number of visits	...	...	...	...	...	1,398

Assistance given as follows:—

TAKEN TO HOMES:

"Mayflower", Salvation Army, Plymouth	...	...	...	...	4
Methodist Hostel, London	...	...	...	...	2
"Morwenna," Penzance	...	...	...	...	4
"St. Olave's", Exeter...	...	...	...	...	14
"Woodside", Plymouth	...	...	...	...	2

26

Babies:—

Restored to mother	...	...	...	...	13
Foster homes	...	...	...	...	96
Adoptions	...	...	...	...	70
Residential nurseries	...	...	...	...	6
Sent into care	...	...	...	...	3
Sent to Dr. Barnardo's	...	...	...	...	9

197

Helped and advised	...	...	...	...	...	42
Passed to other social workers	...	...	...	...	...	13
Returned to home town	...	...	...	...	...	8
Work obtained for	...	...	...	...	...	6
Sent to lawyer	...	...	...	...	...	50
Grants, etc., administered	...	...	...	...	...	300
Accommodation found for	...	...	...	...	...	29
Kept in touch with through correspondence	...	...	...	...	...	29

REPORT OF MISS H. E. CLUEIT
Superintendent of Midwifery Service

**Municipal
Midwifery
Service**

Staff

Establishment: Superintendent, Deputy and Tutor
to the Part II Training School –
30 District Midwives;
20 Pupil Midwives.

During 1966 the number of babies born at home again showed a slight decrease but the number of mothers and babies who were discharged early from hospitals in the area continued to increase. Those mothers and babies received attention from the district midwives.

Out of the total number of district midwives two with special training and experience have continued to devote their time to the care of premature babies and those who need special care; supervising those discharged from hospital in addition to those born at home. There is a close liaison between those midwives and the staff at the Premature Baby and Special Care Unit.

Weekly mothercraft talks and demonstrations have continued to be most successful. These were given at five Local Authority Clinics in the city by district midwives working in close co-operation with health visitors.

During the year twenty-six students studying at the local hospitals for the Obstetric Nurse Training Course approved by the Central Midwives Board, each spent a day with a district midwife; observed the care of mothers and babies in their own homes, and attended Local Authority clinic sessions and relaxation classes.

Twenty-four pupil midwives entered the Part II examination of the Central Midwives Board in 1966. Twenty-one were successful at their first attempt and two were successful on re-entering the examination. All were resident in the Nurses' Home, 52 Durnford Street, Stonehouse, Plymouth, during their training.

In 1966 the Midwifery Tutor and six district midwives attended Post Graduate courses of instruction approved by the Central Midwives Board.

The number of teaching district midwives approved by the Central Midwives Board was fourteen.

In October, 1966, one district midwife commenced a part-time course in preparation for the Midwife Teacher's Diploma. She hopes to enter Part I of the examination in 1967.

The following is a summary of the work done throughout the year:

MUNICIPAL MIDWIVES

Number of cases attended:

(a) Doctor not booked but present at delivery ...	...	—
(b) Doctor not booked and not present at delivery ...	...	8
(c) Doctor booked and present at delivery ...	...	276
(d) Doctor booked but not present at delivery ...	...	988
		— 1,272

Number of cases booked ... 1,649

Number of gas and air and trilene administrations:

	<i>Gas and Air</i>	<i>Trilene</i>	
(a) Doctor present at delivery ...	70	183	
(b) Doctor not present at delivery	310	549	
	—	—	
	380	732	1,112

Number of instrumental deliveries:

(a) Doctor not booked ...	...	—
(b) Doctor booked ...	...	21
		— 21

Number of emergency deliveries ... 3

Number booked who miscarried ... —

Number of patients transferred to hospital for confinement ... 230

Number of patients transferred to hospital after confinement ... 16

Number of antenatal home visits by midwives ... 11,605

Number of clinic attendances by midwives ... 1,659

Number of notifiable puerperal pyrexia cases ... 7

Number of accouchement sets issued at Welfare Centres ... 1,486

REPORT OF MISS O. J. CARPENTER

Superintendent Health Visitor

Health Visiting Service

Staff

Establishment: Superintendent, Deputy and 27 Health Visitors.

Staff on 31st December, 1966:

- 1 Superintendent
- 1 Deputy Superintendent
- 26 Full-time Health Visitors
- 3 Part-time Health Visitors

Mrs. B. H. Lewis, Superintendent Health Visitor since 1st April, 1964, left the department to take up her new appointment as a Technical Nursing Officer to the Ministry of Labour. My appointment to Superintendent created a vacancy for Deputy Superintendent now filled by Miss G. Hegarty. During the year six members resigned for reasons of marriage or employment with other authorities.

Additional staff have enabled us to give a wider and improved service with an increase in the number of home visits, particularly the after-care visits to tuberculosis patients.

Training and Refresher Courses

All health visitor students at Plymouth College of Technology were successful in their examination. Five of these were engaged by the department, the remainder returned to their sponsoring authorities.

Bursaries were granted to a further five students who decided to train locally as health visitors.

Six members of staff attended Refresher Courses, studying various subjects. All staff attended a one-day "In Service" training on health education at the Drake Lecture Theatre, Radiant House, on 26th October, 1966.

Summary of cases visited:

Tubercular households	...	...	...	...	...	227
Infectious disease households	...	...	...	...	...	6
Aged (65 or over)	...	...	...	...	...	282
Mentally disordered	...	...	...	...	...	13
Discharges from general hospitals	...	...	...	...	...	65
Children:						
Born in 1966	...	...	...	...	3,853	
Born in 1965	...	...	...	...	3,436	
Born 1961 to 1964	...	...	...	...	8,793	
					—	16,082
Number of home visits	...	...	...	...	...	54,358

REPORT OF MR. T. S. LONGWORTH

Principal Dental Officer

Dental Treatment of Mothers and Young Children The method of recording dental inspections and treatment for the Maternity and Child Welfare Dental Service was altered by the Ministry of Health at the commencement of 1966, to bring it into line with the School Dental Service. This will enable the dental work undertaken by the Local Authority Dental Services and the National Health Service to be integrated.

The main points of interest in this change are that "first visits" constitute the number of patients treated in the year, and the number of courses of treatment is, therefore, an addition of the "first visits" and the "additional courses". Silver Nitrate treatments are now included in the "teeth otherwise conserved" column.

Whilst the number of dentures provided is still noted, the additional information as to whether patients are having dentures for the first time ever is also shown.

PART A. ATTENDANCES AND TREATMENT

Number of Visits for Treatment during year.						<i>Children 0-4 (incl.)</i>	<i>Expectant and Nursing Mothers</i>
First Visit	...	...	...	...	...	255	79
Subsequent Visits	...	...	...	...	...	338	160
TOTAL VISITS						593	239
Number of Additional Courses of Treatment other than the first course commenced during year						17	3
Treatment provided during the year:							
Number of Fillings						410	139
Teeth Filled	...	...	...	...	...	392	133
Teeth Extracted	...	...	...	...	...	338	109
General Anæsthetics given						140	8
Emergency Visits by patients						36	4
Patients X-rayed						—	3
Patients Treated by Scaling and/or Removal of Stains from the teeth (Prophylaxis)						11	18
Teeth otherwise Conserved						52	
Teeth Root Filled							—
Inlays							1
Crowns							—
Number of Courses of Treatment completed during the year						190	52

PART B. PROSTHETICS

Patients supplied with F.U. or F.L. (first time) ...	3
Patients supplied with Other Dentures	7
Number of Dentures supplied	10

PART C. ANAESTHETICS

General Anæsthetics administered by Dental Officers	148
---	-----

PART D. INSPECTIONS

	<i>Children 0-4 (incl.)</i>	<i>Expectant and Nursing Mothers</i>
Number of Patients given First Inspections during year	A 374	D 80
Number of Patients in A and D above who required treatment	B 283	E 76
Number of Patients in B and E above who were offered treatment	C 280	F 75

PART E. SESSIONS

*Number of Dental Officer Sessions (i.e. equivalent complete half days)
devoted to Maternity and Child Welfare patients*

For Treatment	74
For Health Education	—

Sanitary Circumstances of the Area

Report of the Chief Public Health Inspector

MR. W. G. LOCK

Introduction In submitting this report, I would like to express my appreciation of the help given to me by Dr. Peirson before his retirement in May and subsequently by Dr. Rees. I would also like to thank my staff, both inspectorial and clerical, for their support and co-operation throughout the year.

The position regarding qualified staff has not improved since my last report and there are still vacancies for four public health inspectors. It is pleasing to report, however, that the three student public health inspectors who sat for their intermediate examination during the summer were successful.

WATER SUPPLY

Consumption The average daily consumption of water for 1966 was 19,005,000 gallons. This includes water consumed in the Plympton Rural District area, the Borough of Saltash and part of the Tavistock Rural District area.

Supply The rainfall over the catchment area was 77.05 inches which compares with the average of 68.61 inches. From May to October the rainfall was 32.01 inches, almost $2\frac{1}{2}$ inches above the average of 29.65 inches.

Water was pumped from Lopwell to augment the supply from the 20th June to 31st July.

There was no necessity to impose any restrictions on the use of water.

Water Treatment As in previous years, 0.5 part per million of chlorine has been added to the water at Burrator and after being filtered at Crownhill, the water has been again chlorinated and treated with lime to correct the pH.

The River Tavy water has been chlorinated, treated with coagulants, settled, filtered and again chlorinated.

Bacteriological Examination During 1966, with a view to ensuring that a pure supply of water was maintained, 203 routine samples were examined and submitted to bacteriological examination. The results of these examinations are shown in the following table:—

<i>Source</i>	<i>Total Number of Samples</i>	<i>B. Coli. present in 100 ml.</i>	<i>B. Coli. absent in 100 ml.</i>
From City Mains ...	156	9 (4 non-fæcal) (5 fæcal)	147
From wells and springs	47	16 (5 non-fæcal) (11 fæcal)	31
GRAND TOTAL ...	203	25 (9 non-fæcal) (16 fæcal)	178

In addition to the samples shown in the above table, whilst water was being obtained from Lopwell, samples of water were taken regularly at the Crownhill Water Works during and after treatment. Of the 72 samples taken, all were returned "B. Coli. absent in 100 ml.". Coliform bacilli (non-fæcal) were found to be present in one sample.

Sixteen samples were also taken from Maker Camp in Cornwall, which is the responsibility of the Education Committee of the Plymouth City Council. All were found to be satisfactory.

Chemical Analysis Sixteen samples of water were submitted for chemical analysis.

The following table gives a summary of the results of these, the figures representing parts per million:—

CHEMICAL ANALYSIS OF WATER DURING 1966

(parts per million)

	25th January		31st January		11th February		23rd March		13th April		17th May		7th June		19th October	
Sample Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Temporary Hardness ...	5.0	3.0	5.0	5.0	8.0	9.0	9.0	5.0	14.0	10.0	13.0	12.0	9.0	8.0	5.0	13.0
Permanent Hardness ...	11.0	8.0	10.0	10.0	24.0	19.0	18.0	17.0	20.0	16.0	16.0	15.0	15.0	13.0	9.0	18.0
Total Hardness ...	16.0	11.0	15.0	15.0	32.0	28.0	27.0	22.0	34.0	26.0	29.0	27.0	24.0	21.0	14.0	31.0
Chlorine as Chlorides ...	11.0	9.0	10.0	10.0	15.0	13.0	15.0	11.0	16.0	13.0	15.0	14.0	15.0	13.0	11.0	13.0
Ammonia, Saline ...	0.056	0.032	Nil	Nil	0.026	0.004	0.034	0.040	0.010	0.008	0.018	0.004	0.078	0.026	0.004	Nil
Ammonia, Albuminoid ...	0.156	0.164	0.054	0.048	0.078	0.066	0.064	0.050	0.084	0.078	0.046	0.030	0.086	0.056	0.058	0.022
Nitrates as Nitrogen ...	0.05	0.05	Nil	Nil	0.9	0.75	0.65	0.6	0.64	0.5	0.5	0.4	0.6	0.75	Nil	1.2
Nitrites as Nitrogen ...	Nil	Nil	Nil	Nil	0.004	0.005	0.003	0.002	Nil	Nil	0.002	Nil	0.001	0.002	Nil	Nil
Oxygen (absorbed 4 hours at 27°C) ...	4.2	3.95	0.6	0.6	1.05	1.0	0.75	0.65	1.05	1.2	1.2	0.75	1.4	0.85	0.8	0.2
Metals, (zinc, copper, lead, iron and manganese) ...	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
pH Value ...	6.4	5.8	7.0	7.2	6.7	6.7	6.8	6.7	6.8	6.6	6.8	6.7	6.8	6.7	7.3	6.0

Samples 1, 5, 7, 9, 11 and 13 were taken from Pials Brook at Marks Bridge, near Cornwood, and samples 2, 6, 8, 10, 12 and 14 from the River Yealm at Fardel Mill Bridge, near Cornwood.

The foregoing samples were taken at the request of the Plymouth City Water Undertaking who require information as to the suitability of the water in the event of it being used as an additional source of supply.

Samples 3, 4 and 15 were taken within the City Boundary, and sample 16 which has as its source a land spring, from Commonwood Cottage, Estover.

I am indebted to the Water Engineer for part of the foregoing information.

**Fluoride
Analysis**

Two samples of water were submitted for analysis.

Both examinations were made using a method involving distillation with perchloric acid. The first sample, taken on 4th February, 1966, from the covered reservoir at the Crownhill Water Treatment Works prior to entering the mains supply, consisted of water drawn from the Burrator catchment area. The amount of fluorine present as fluoride was 0.043 parts per million.

The second sample, taken on 2nd August, 1966, also at the Crownhill Water Treatment Works, consisted of untreated water pumped direct from the River Tavy at Lopwell. This sample gave the amount of fluorine present as fluoride as 0.05 parts per million.

SWIMMING POOLS

Samples of water were taken regularly for bacteriological examination from the swimming pools in the City and the results are shown in the following table—

RESULTS OF BACTERIOLOGICAL EXAMINATION OF SAMPLES OF WATER OBTAINED FROM BATHING POOLS IN THE CITY DURING 1966

<i>Source</i>	<i>Total No. of Samples</i>	<i>B. Coli present in 100 ml.</i>	<i>B. Coli absent in 100 ml.</i>
Ballard Centre ... (City Mains)	19	2 (both non-fæcal)	17
Burrington Secondary Modern School (City Mains) ...	7	—	7
Central Park Bathing Pool (City Mains) ...	20	—	20
Central Park Paddling Pool (City Mains)	16	10 (8 fæcal)	6
Compton Primary School ... (City Mains)	8	—	8
Devonport Park Paddling Pool (City Mains)	4	4 (all fæcal)	—
Drake Primary School ... (City Mains)	7	2 (fæcal)	5
Efford Secondary Modern School (City Mains) ...	4	1 (fæcal)	3
Glenholt Camp ... (City Mains)	13	3 (1 fæcal)	10
Kingsland School ... (City Mains)	2	1 (non-fæcal)	1
Montpelier Junior School ...	7	1 (fæcal)	6
Mount Wise Juniors' Bathing Pool (Sea Water)... ...	9	5 (all fæcal)	4
Mount Wise Infants' Paddling Pool (City Mains) ...	9	7 (all fæcal)	2
Mount Wise Ladies' Bathing Pool (Sea Water) ...	9	6 (all fæcal)	3

SWIMMING POOLS—*continued*

<i>Source</i>	<i>Total No. of Samples</i>	<i>B. Coli present in 100 ml.</i>	<i>B. Coli absent in 100 ml.</i>
Mount Wise Men's Bathing Pool (Sea Water)	8	3 (all fæcal)	5
Munday House (City Mains)	3	1 (fæcal)	2
Pennycross Primary School... (City Mains)	7	1 (fæcal)	6
Plymouth College Bathing Pool (City Mains)	3	1 (fæcal)	2
South Trelawney Junior School (City Mains) ...	7	—	7
Tinside Bathing Pool ... (Sea Water)	8	2 (fæcal)	6
Whitleigh Junior School ... (City Mains)	27	5 (1 fæcal)	22
Widely Technical School ... (City Mains)	7	1 (fæcal)	6
Woodfield Junior School ... (City Mains)	21	7 (2 fæcal)	14

**Mount Gould
Hospital
Hydrotherapy
Pool**

Eight water samples were taken from the hydro-therapy pool at Mount Gould Hospital. All samples were satisfactory.

SEWERAGE AND SEWAGE DISPOSAL

I am indebted to the City Engineer for the following information relating to sewerage and sewage disposal.

During the year the public sewers at Mutley Plain (east side), Gloucester Lane, Wesley Place and Beaconfield Road were repaired; the manholes on the sewers in Thorning's Yard, Valletort, reconstructed and a new manhole constructed to replace a collapsing one on the railway land at Valletort, the old one being filled in.

Opportunity was taken, while the water level of Stonehouse Lake was lowered for tidal flaps to be installed, to dredge the surface water sewers in Victoria Park and over 150 tons of gravel were removed.

Foul and surface water sewers were laid at Frogmore and Deer Park to permit housing development.

At the request of the house owners, over a 100 private drains were cleared by the City Engineer's Department, the costs being charged to the owners.

PREMISES INSPECTED. The following table shows the number of inspections of various premises carried out during the year, together with information regarding the action taken as a result of these inspections:—

Premises Inspected	Inspections or Visits	Intimation Notices served or Improvements required	Intimation Notices complied with or Improvements effected	Statutory Notices served during the year	Statutory Notices complied with during the year
Houses inspected (Public Health and Housing Acts) ...	3,465	931	—	107	—
Houses reinspected (Public Health and Housing Acts)	7,646	—	1,040	—	98
No. of premises (other than houses)	759	21	18	—	—
No. of Interviews	1,610	—	—	—	—
Visits to contacts of infectious diseases	28	—	—	—	—
No. of houses visited regarding notifiable diseases ...	787	—	—	—	—
Visits regarding Food Poisoning	272	—	—	—	—
Bakehouses	104	3	2	—	—
Boarding Houses	14	—	—	—	—
Butchers	356	30	24	—	—
Cinemas and Amusement Places	6	—	1	—	—
Common Lodging Houses	11	2	2	—	—
Dairies and Milk shops	81	2	2	—	—
Food Vehicles	84	1	1	—	—
Fresh Fish Shops	29	2	2	—	—
Fresh Fish Carts	87	—	—	—	—
Fried Fish and Chips Shops	63	1	1	—	—
Fruit and vegetable shops	107	12	10	—	—
Hairdressing establishments	114	31	31	—	—
Ice Cream Premises	310	2	1	—	—
Knackers Yards	4	1	1	—	—
Markets	34	1	1	—	—
Meat Vehicles	61	4	4	—	—
Number of shops visited regarding Merchandise Marks Act	53	—	—	—	—
Milk Vehicles	30	—	—	—	—
Offensive Trades	21	—	—	—	—
Offices, Shops and Railway Premises Act	1,229	115	99	—	—
Outworkers premises	128	—	—	—	—
Pet Shops	33	—	—	—	—
Premises to examine foodstuffs	1,425	—	—	—	—
Preserved food premises	16	—	—	—	—
Provision Shops	800	23	24	—	—
Public Houses	43	7	7	—	—
Public Conveniences	500	—	—	—	—
Rag Flock premises	6	—	—	—	—
Restaurants and other food preparation premises ...	370	24	26	—	—
Schools	187	7	7	—	—
School Kitchens	51	5	5	—	—
Second-hand shops	16	—	—	—	—
Sites	631	44	43	—	—
Slaughterhouses	8	—	—	—	—
Smoke observations	108	4	4	—	—
Swimming baths	245	1	1	—	—
Tents, Vans, Sheds, etc.	222	26	25	—	—
Tips	20	—	—	—	—
Water Courses	180	—	—	—	—
Houses inspected for infestation by rats or mice ...	878	878	—	—	—
Houses reinspected for infestation by rats or mice ...	885	—	800	—	—
Premises other than houses inspected for infestation by rats or mice	285	285	—	—	—
Premises other than houses reinspected for infesta- tion by rats or mice	296	—	238	—	—
Visits to Public Health Laboratory	469	—	—	—	—
Rent investigations	1	—	—	—	—
Miscellaneous	1,046	—	—	—	—

SANITARY INSPECTION OF THE AREA

The number of complaints of housing defects and nuisances received and given attention during the year was 2,089.

Prosecutions Only on two occasions was it necessary for legal proceedings to be instituted in connection with abatement notices which had not been complied with by the owners. In both cases nuisance orders were made, one for the work to be carried out within fourteen days and the other for the work to be effected within two months. Costs were awarded against both owners.

It was also necessary to serve a summons upon an owner for failing to give information as to the ownership of the premises as required by Section 277 of the Public Health Act, 1936. In this case the owner was fined five shillings.

Drainage It was also necessary, in accordance with Section 18 of the Public Health Act, 1961, for the local authority to effect repairs to a defective private sewer serving three houses. This work was carried out at the request and expense of the owners.

Offices, Shops and Railway Premises Act Further notifications of occupation of premises have been received during the year and the numbers of the various types of premises registered at the end of 1966 as compared with 1965 are as follows:—

<i>Type of Premises</i>	<i>Number Registered</i>	
	<i>End of 1965</i>	<i>End of 1966</i>
Offices	557	545
Wholesale Shops, warehouses	128	127
Retail shops	871	938
Catering establishments open to the public, canteens	142	159
Fuel storage depots	6	4
	<hr/> 1,704	<hr/> 1,773

The total number of general inspections and re-inspections made was 1,229 and the number of contraventions of the provisions of the Act observed was 115 of which 99 had been rectified by the end of the year.

In addition to the general inspections made, investigations were carried out in connection with 38 accidents which were reported to the department.

These accidents occurred in the following classes of premises:—

Offices	...	...	...	...	1
Retail shops		...	...	...	26
Wholesale premises			...	...	—
Catering establishments	...		...	...	11
Canteens	...	...	...	...	—
					—
			TOTAL	...	38
					—

The accident in the office involved a cleaner who slipped and fell whilst cleaning the floor. The accidents in catering establishments were caused by falls of persons (5); struck by falling step-ladder; cut fingers whilst cleaning a fruit squash dispenser; wood splinter in the forearm from a floor; and burns (3) caused by bleach, taking hot food from an oven, and cleaning a fish fryer.

Accidents in retail shops were caused by falls of persons (12); struck by falling objects (3); striking against an object or person (3); injuries to the hands (8) caused by a bacon-slicing machine, electrical burns, broken glass, opening a tin, piercing with a spike, spraining the wrist when handling goods, and cuts with knives. (2)

Where necessary, advice regarding accident prevention was given to the occupiers concerned, but in most cases the circumstances were not such as to warrant further action being taken.

Copies of reports on accidents notified by firms to the local authority are sent to the Deputy Superintending Inspector of Factories at Bristol, the appropriate officer appointed by the Minister of Labour and who is available to advise on technical problems of accident prevention.

Common Lodging Houses
Regular inspections of the two common lodging houses in the City have been made during the year and improvements effected when these have been necessary.

Factories and Outworkers
Details of the sanitary inspection of factories under the Factories Act, 1961, and of the outwork carried on within the City are given in the following tables:—

1.
INSPECTIONS for purposes of provisions as to health.

Premises (i)	Number on Register (ii)	Number of		
		Inspections (iii)	Written Notices (iv)	Occupiers prosecuted (v)
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by local authorities	17	20	4	—
2. Factories not included in (1) in which Section 7 is enforced by the local authority	495	400	18	—
3. Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises) ...	81	30	—	—
TOTAL ...	593	450	22	—

2. Cases in which defects were found.

<i>Particulars</i> (i)	<i>Number of cases in which defects were found</i>				<i>Number of cases in which prose- cutions were instituted</i> (vi)
	<i>Found</i> (ii)	<i>Remedied</i> (iii)	<i>Referred to H.M. Inspector</i> (iv)	<i>Referred by H.M. Inspector</i> (v)	
Want of cleanliness(s.1)	1	1	—	—	—
Overcrowding (s. 2)	—	—	—	—	—
Unreasonable temper- ature (s. 3)	1	1	—	—	—
Inadequate ventila- tion (s. 4)	3	3	—	—	—
Ineffective drainage of floors (s. 6)	1	1	—	—	—
Sanitary Conveniences (s. 7)(a) Insufficient ...	2	2	—	1	—
(b) Unsuitable or defective ...	16	16	—	5	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork)	—	—	—	—	—

3. Outwork (Sections 133 and 134).

Nature of Work (1)	SECTION 133			SECTION 134		
	<i>Number of out-workers in August list required by Section 110 (1) (c)</i>	<i>Number of cases of default in sending lists to the Council</i>	<i>Number of prosecu- tions for failure to supply lists</i>	<i>Number of instances of work in unwhole- some premises</i>	<i>Notices served</i>	<i>Prose- cutions</i>
	(2)	(3)	(4)	(5)	(6)	(7)
Wearing apparel, making, etc. ...	102	-	-	-	-	-

Pet Animals Act, 1951 During the year, following visits to the premises by the Public Health Inspectors and the staff of the Chief Fire Officer, and after the carrying out of improvements where necessary, nine licences were issued in accordance with the Act.

Animal Boarding Establishments, Act, 1963 In accordance with the Act, one new licence has been issued and one licence renewed.

Riding Establishments Act, 1964 There are two such establishments within the City boundary and following the necessary inspections and, in one case, the carrying out of certain improvements, the licences have been renewed.

Rodent Control The number of complaints of rats and mice infestation received during the year was 1,140 and details of the inspections made as a result of these complaints are given in the following table:—

	<i>Owned by Local Authority</i>	<i>Type of Property</i>		<i>Total</i>
		<i>Dwellinghouses (including Council houses)</i>	<i>Other premises</i>	
Number of properties in- spected as a result of:				
(a) Notification	114	859	167	1,140
(b) Survey	1	10	1	12
(c) Otherwise	—	9	2	11
Total inspections carried out	273	1,763	308	2,344
Number of properties in- spected found to be infes- ted by:				
(a) Rats				
{ Major infestation...	—	—	—	—
{ Minor infestation...	84	666	105	855
(b) Mice				
{ Major infestation...	—	—	—	—
{ Minor infestation...	31	212	65	308
Number of infested proper- ties treated				
by Local Authority ...	115	878	170	1,163
Number of "Block" control schemes carried out ... 0				

By the end of the year, with the co-operation of owners and occupiers, successful treatments had been effected in respect of 800 houses and 238 other premises.

To keep rodent infestation under control, the usual twice annually test bait and maintenance treatment of sewers was carried out.

One house and trade refuse tip was in operation over the year at Chelson Meadow and it was found necessary only on one occasion to take action against rat infestation.

Rag Flock Twelve samples of filling materials were taken for analysis during the year under the Rag Flock and Other Filling Materials Act, 1951, of which three consisted of rag flock, six of woollen mixture felt and three of cotton felt. All these samples proved to be satisfactory.

Fertilisers and Feeding Stuffs Eight samples of fertilisers and five samples of feeding stuffs were taken for analysis. All these samples proved to be satisfactory.

The Diseases of Animals (Waste Foods) Order, 1957 During the year fifteen inspections were carried out of boiling plants used for the treatment of waste foods. One new licence was granted.

National Survey of Air Pollution Daily observations have been continued at the three recording stations established in the City, and the results obtained during the first ten months of the year are shown in the table. The results for the last two months are not yet available.

Period	No. of weeks in period	Daily averages in millionth parts of a gramme per cubic litre					
		Plymouth Market		Whitleigh Secondary Modern School		Mount Street Primary School	
		Smoke	Sulphur Dioxide	Smoke	Sulphur Dioxide	Smoke	Sulphur Dioxide
January	4	21	152	38	76	145	118
February	4	34	90	28	48	91	82
March	5	11	84	26	50	84	89
April	4	11	102	19	40	64	61
May	5	14	73	10	42	37	57
June	4	12	36	4	37	16	45
July	4	13	33	5	29	14	28
August	5	16	36	8	29	22	34
September	4	30	51	10	34	30	42
October	4	50	58	25	41	52	71

The three sites are classified as follows:—

- Plymouth Market

Commercial area with predominantly central heating
- Whitleigh School

Residential area with low density housing
- Mount Street School

Residential area with high density housing

I would like to record my thanks to the Headmaster, the staff and the scholars at Whitleigh Secondary School for their help in making daily observations during term time.

HOUSING

1. INSPECTION OF DWELLING-HOUSES DURING THE YEAR:—

(1) (a)	Total number of dwelling-houses inspected for defects (under Public Health and Housing Acts)	...	...	3,465
(b)	Number of inspections made for the purpose	...	...	11,111
(2) (a)	Number of dwelling-houses (included in sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	...	...	100
(b)	Number of inspections made for the purpose	...	...	350
(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	60
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	...	...	931

2. REMEDY OF DEFECTS DURING THE YEAR WITHOUT THE SERVICE OF FORMAL NOTICES:—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	942
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3. ACTION UNDER STATUTORY POWERS DURING THE YEAR:—

(a) Proceedings under Sections 9, 10 and 12 of the Housing Act, 1957:—

(1)	Number of dwelling-houses in respect of which notices were served requiring repairs	...	...	...	...	15
(2)	Number of dwelling-houses in which defects were remedied after service of formal notices:—					
(a)	By owners	...	...	...	...	20
(b)	By Local Authority in default of owners	...	...			1

(b) Proceedings under Public Health Acts:—

(1)	Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	...	...	105
(2)	Number of dwelling-houses in which defects were remedied after service of formal notices:—			
(a)	By owners	...	...	96
(b)	By Local Authority in default of owners	...	...	2

(c) Proceedings under Sections 16 and 23 of the Housing Act, 1957:—		
(1) Number of dwelling-houses in respect of which Demolition Orders were made	... ..	3
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	... ..	3
(3) Number of Undertakings not to use unfit houses accepted		1
(4) Number of dwelling-houses in respect of which Closing Orders were made	... ..	13
(5) Number of dwelling-houses in respect of which Closing Orders were determined	... ..	—
(6) Number of dwelling-houses in respect of which schemes to render fit accepted	... ..	3
(7) Number of dwelling-houses rendered fit following acceptance of schemes	... ..	4
(d) Proceedings under Section 26 of the Housing Act, 1957:—		
Number of dwelling-houses subject to operative Demolition Orders where Closing Orders were substituted	... ..	—
(e) Proceedings under Section 18 of the Housing Act, 1957:—		
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	... ..	29
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or rooms having been rendered fit	... ..	6
(3) Number of separate tenements or underground rooms in respect of which schemes to render fit accepted	... ..	3
4. HOUSING ACT, 1957, PART IV—OVERCROWDING:—		
(a) (1) Number of dwellings overcrowded at the end of the year		99
(2) Number of families dwelling therein	... ..	116
(3) Number of persons dwelling therein	... ..	602
(b) Number of new cases of overcrowding during the year	...	22
(c) (1) Number of cases of overcrowding relieved during the year		22
(2) Number of persons concerned in such cases	... ..	126

CLEARANCE AREAS

During this year, no representations have been made in respect of unfit houses included in Clearance Areas, and there are no outstanding Orders awaiting confirmation.

Well-maintained Payments	A well-maintained payment which the Minister has directed shall be made has been negotiated and settled with the owner of one property in the sum of £76. 10s. 0d.
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Rent Act, 1957	No applications either for the issue or for the cancellation of Certificates of Disrepair were made during the year.
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Improvement Grants	During the year 197 visits have been made to houses in connection with Standard Grants and 72 visits in respect of Discretionary Grants. These visits are made for the purpose of indemnifying the properties against demolition and to certify that they should provide satisfactory housing accommodation for the specified periods.
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INSPECTION AND SUPERVISION OF FOOD

Bacteriological Examination of Milk Three hundred and thirty samples of milk were taken for bacteriological examination.

The following table shows the number of samples of various descriptions of milk submitted to the Methylene Blue Test, and the results:—

METHYLENE BLUE TEST

<i>Description of Milk</i>	<i>Total Number of Samples</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>	<i>Void</i>
Tuberculin Tested ... (farm bottled)	8	6	2	Nil
Pasteurised	141	141	Nil	Nil

Phosphatase Test A total of 141 samples of Pasteurised milk were obtained and submitted to the Phosphatase Test for checking the efficiency of the pasteurising process. All these samples were returned as satisfactory.

Turbidity Test Thirty-two samples of sterilised milk were submitted to the Turbidity Test and all were found to be satisfactory.

Brucella Abortus Ring Test Eight samples of milk submitted to the Brucella Abortus Ring Test were found to be satisfactory.

Bacteriological Examination of Milk Bottles After passing through bottle-washing units, twenty four milk bottles were submitted for the colony count test and found to be satisfactory.

Licences under The Milk (Special Designation) Regulations, 1960 and 1963 The following table shows the number of licences to use the various designations applied to milk issued during the year.

<i>Description of Licence</i>	<i>Number Issued</i>
Dealer's Sterilised and/or Pasteurised and/or Untreated Licences	16
TOTAL	16

Chemical Analysis of Milk Fourteen samples of Pasteurised milk, 9 samples of Pasteurised (Channel Island) milk, and 7 samples of Sterilised milk were obtained for analysis. All these samples were found to be genuine.

Registration under the Milk and Dairies (General) Regulations, 1959 During the year nine premises were registered for the sale of cream.

Ice Cream The number of applications for registration of premises for the sale of loose and pre-packed ice cream was eleven.

Bacteriological Examination of Samples of Ice Cream During the year, 130 samples of ice cream were submitted to the form of Methylene Blue Test prescribed by the Ministry of Health.

The table below gives the results of these tests:—

<i>Grade</i>	<i>Hot Mix</i>	<i>Cold Mix</i>	<i>Totals</i>
Grade 1. Time taken to reduce Methylene blue—4½ hours or more	71	3	74
Grade 2. Time taken to reduce methylene blue—2½ hours to 4 hours	17	Nil	17
Grade 3. Time taken to reduce methylene blue—½ to 2 hours	24	Nil	24
Grade 4. Time taken to reduce methylene blue—0 hours	15	Nil	15
TOTALS	127	3	130

Of the 127 samples of "Hot Mix," twenty were pre-packed. Seventeen of these samples were placed in Grade 1, two in Grade 2, and one in Grade 3.

Ice Cream
Utensils

The following table compares the results of samples of ice cream utensil water and loose ice cream taken at the same time and from the same vehicle. It illustrates the importance of ensuring that the water in containers in which the utensils are kept is frequently changed and suitable sterilants used and that there is still need for greater care during the course of manufacture, storage, and sale of ice cream.

Where the results were unsatisfactory, warning letters were sent and advice given to the firms concerned.

Number of Samples	UTENSIL WATER		ICE CREAM			
			Grade of Sample			
	Coliform bacilli per 100 ml.	B. Coli (type 1) per 100 ml.	1	2	3	4
11	1,800	1,800	6	1	2	2
1	1,800	900	—	—	1	—
1	1,800	550	—	—	1	—
1	1,800	350	—	1	—	—
3	1,800	250	2	—	1	—
1	1,800	35	—	1	—	—
1	1,800	25	1	—	—	—
9	1,800	Nil	5	2	1	1
1	550	25	1	—	—	—
1	350	11	—	1	—	—
1	275	Nil	1	—	—	—
1	80	50	1	—	—	—
1	80	4	1	—	—	—
1	40	40	—	1	—	—
1	25	2	1	—	—	—
1	14	Nil	—	—	—	1
20	Nil	Nil	10	4	2	4
—						
56						
==						

**Chemical
Analysis
of Ice Cream**

During the year, five samples of ice-cream were taken and submitted to chemical analysis. With the exception of one sample, in respect of which a warning letter was sent to the manufacturer, all were returned as genuine.

The results are given in the following table:—

<i>Sample No.</i>	<i>Total Fat</i>	<i>Butter Fat</i>	<i>Non-fatty milk solids</i>	<i>Total solids</i>	<i>Sugar</i>
1	6.0%	Not stated	9.1%	29.9%	12.0%
2	4.35%	do.	7.5%	23.9%	10.0%
3	8.7%	do.	15.0%	38.1%	12.5%
4	6.4%	do.	12.8%	32.4%	12.0%
5	7.6%	do.	13.0%	36.1%	13.0%

**Bacteriological
Examination
of Other Foods**

During the year seven samples were submitted to the Public Health Laboratory for examination.

The following table indicates the type of food and result of the examination:—

<i>Sample Number</i>	<i>Nature of Sample</i>	<i>Public Health Laboratory Report</i>
1	Frozen whole egg ...	Organisms of the Salmonella Group were not isolated
2	Liquid frozen egg ...	„ „ „
3	Frozen liquid egg white	„ „ „
4	Dried egg mixture ...	„ „ „
5	Frankfurter sausages ...	„ „ „
6	Beef sausages ...	„ „ „
7	Dried milk powder ...	„ „ „

Bacteriological Examination of Pink Elephants On 5th January, following national publicity, ten pink elephants, each filled with water and imported from Hong Kong, were brought to the department and submitted for bacteriological examination. These pink elephants on being frozen were intended to provide a novel way of cooling drinks. The Public Health Laboratory reported that Chromobacteria and Diptheroid bacilli were isolated from the contents of seven specimens and that Coliform bacilli were not isolated in any of the specimens. It is essential that the water contained in the pink elephants should be sterile although the isolation of Chromobacteria and Diptheroid bacilli would not necessarily result in any harmful effects. My staff were unable to trace any pink elephants exposed or intended for sale in the City.

FOOD AND DRUGS

Adulteration The various samples of food and drugs submitted for analysis during the year are classified in the following table, together with the number of the various articles which were found to be adulterated:—

<i>Article Sampled</i>	<i>Official Samples</i>		<i>Informal Samples</i>		<i>Total No.</i>
	<i>Genuine</i>	<i>Adulterated</i>	<i>Genuine</i>	<i>Adulterated</i>	
Aspirin	—	—	4	—	4
Boracic Powder ...	—	—	2	—	2
Butter	—	—	4	—	4
Camphorated Oil ...	—	—	3	—	3
Chewing Gum ...	—	—	5	—	5
Clotted Cream ...	—	—	4	—	4
Coffee and Chicory					
Essence	—	—	3	—	3
Coffee, Instant ...	—	—	1	—	1
Cordials,					
Blackcurrant ...	—	—	4	—	4
Cornflour	—	—	1	—	1
Crab Dressing ...	1	—	—	—	1
Custard Powder ...	—	—	3	—	3
Dripping	—	—	2	—	2
Flour	—	—	4	—	4
Gin	—	—	1	—	1
Glycerine	—	—	3	—	3
Honey	—	—	4	—	4
Ice Cream	—	—	4	1	5
Lard	—	—	2	—	2
Loganberry Flan					
Filling	—	—	1	—	1
Marzipan	—	—	4	—	4
Milk — Condensed ...	—	—	1	—	1
Milk — Pasteurised ..	14	—	—	—	14
Milk — Pasteurised					
Channel Island ...	9	—	—	—	9
Milk — Sterilised ...	7	—	—	—	7
Pepper, White ...	—	—	1	—	1
Rice, Ground ...	—	—	4	—	4
Rum	—	—	1	—	1
Saccharine Tablets ..	—	—	2	—	2
Salad Cream ...	—	—	3	—	3
Sausages, Beef ...	1	—	3	1	5
Vodka	—	—	1	—	1
Whisky	—	—	1	—	1
Zinc Ointment ...	—	—	2	—	2
TOTALS ...	32	—	78	2	112

In the case of the unsatisfactory sample of ice cream, a warning letter was sent to the manufacturer.

The informal sample of beef sausages reported unsatisfactory was followed by a formal sample being taken, from the same shop, which on analysis was found to be satisfactory. A warning letter was, however, sent to the manufacturer.

In another case, a sample of beef sausages was found to be genuine but to contain preservative. A warning letter was sent to the manufacturer drawing his attention to the Preservatives in Food Regulations, 1962, which require a notice to be displayed in a conspicuous place so as to be easily readable by a customer and a suitable notice was found to be displayed the following day.

The four samples of Blackcurrant Cordials were also analysed in accordance with the Colouring Matter in Food Regulations, 1957. The Analyst reported that non-permitted food colours were absent.

Pesticides and other Toxic Chemicals Following a request by the Association of Municipal Corporations, the City Council agreed to participate in a co-ordinated national programme of sampling foodstuffs with a view to discovering the levels of toxic substances which may be present. During the year two samples were submitted to the Public Analyst and both were reported satisfactory.

Slaughterhouses and Meat Inspection Details of the number of animals killed in the Plymouth area and the number of carcasses of home-killed meat from other centres and found not to have been inspected, are shown in the following tables:—

				<i>Slaughtered in Plymouth Area</i>	<i>Received from other centres (not inspected)</i>	<i>Total (inspected)</i>
Bovines	...	...	...	9,071	—	9,071
Calves	...	...	...	314	—	314
Sheep	...	...	...	7,245	—	7,245
Pigs	...	...	...	9,413	8	9,421
				26,043	8	26,051

The total weight of meat and offal condemned during the year from animals killed inside and outside the city was 43 tons 19 cwts. 2 qtrs. 8 lbs.

Details of the number of whole carcasses condemned and of carcasses of which some part or organ was condemned are shown in the table which follows:—

	<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Horses</i>
Number killed ...	7,073	1,998	314	7,245	9,413	—
Number inspected ...	7,073	1,998	314	7,245	9,421	—
<i>All diseases except Tuberculosis and Cysticerci: Whole carcasses condemned</i>	11	30	18	94	30	—
Carcasses of which some part or organ was condemned ...	2,262	1,331	9	796	1,144	—
Percentage of the num- ber inspected affected with disease and other conditions, excluding Tuberculosis and Cysticerci ...	32.13%	68.12%	8.59%	12.28%	12.46%	—

TUBERCULOSIS ONLY						
Whole carcasses con- demned ...	1	—	—	—	—	—
Carcasses of which some part or organ was condemned ...	9	7	—	—	78	—
Percentage of the num- ber inspected affected with Tuberculosis ...	0.14%	0.35%	0.0%	0.0%	0.83%	—

	<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Horses</i>
CYSTICERCOSIS Carcases of which some part or organ was condemned	28	3	—	—	1	—
Carcases submitted to treatment by refriger- ation	28	*2	—	—	1	—
Generalised and totally condemned	—	—	—	—	—	—

* One cow carcase affected with localised *Cysticercus Bovis* not refrigerated but disposed of for animal feeding.

It is noted that the increase in the number of cases of tuberculosis in adult bovines from three in 1965 to seventeen in 1966 is mainly due to nine cases found in a batch of re-actor cattle slaughtered on behalf of the Ministry of Agriculture, Fisheries and Food on one particular day. Of the eight remaining cases, seven were limited to very minor localised infections.

The loss in bovine livers attributed to fluke infestation is high. In twenty-three per cent of the cattle killed it was necessary to condemn complete livers and a high proportion of the remainder required considerable trimming.

During 1966 the Meat Inspectorate took part in a Tumour Survey of the food animals. This was co-ordinated through the Divisional Veterinary Officer and Professor Jarrett of the Veterinary College of Glasgow. Specimens of lesions found were sent for laboratory investigation and a diagnosis communicated to the Meat Inspector in due course. The exchange proved useful and a copy of the national findings is anticipated.

The Meat Inspection (Amendment) Regulations, 1966, came into force on 30th September, 1966, and provided that, after 31st October, 1966, no meat could leave a slaughterhouse unless it had been inspected. This is the first time that a legal instrument has been used to ensure that *all meat* is inspected before leaving a slaughterhouse.

**Unsound
Foodstuffs**

The following summary indicates the quantity of foodstuffs examined and found to be unfit for food:

TINNED GOODS					<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>Lbs.</i>
Meat ...	...	...	...	...	7	17	3	18
Ham ...	...	...	...	...	—	12	2	12
Fish ...	...	...	...	...	1	8	3	16
Milk ...	...	...	...	...	2	17	2	14
Soup ...	...	...	...	...	—	2	2	13
Fruit	...	...	...	...	2	17	0	8
Vegetables	...	...	...	...	4	12	2	17
Jams and Marmalade	...	...	...	...	—	—	3	2
Cream	...	...	...	...	—	—	—	18

PROVISIONS					<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>Lbs.</i>
Dried Vegetables	...	...	...	...	—	8	3	26
Fresh Vegetables	...	...	...	...	2	18	1	19
Fresh Fruit	...	...	...	...	—	3	2	13
Dried Fruit	...	...	...	...	—	3	3	17
Flour	...	...	...	...	—	13	2	6
Cereals	...	...	...	...	—	2	1	19
Biscuits	...	...	...	...	—	5	0	3
Sweets and Chocolate	...	...	...	...	—	1	3	10
Cheese	...	...	...	...	—	6	2	7
Cakes and Cake Mixture	...	...	...	...	—	1	2	5
Butter	...	...	...	...	—	2	0	4
Poultry	...	...	...	...	1	19	0	11
Miscellaneous	...	...	...	...	—	16	2	16
Tea ...	...	...	...	...	—	—	—	8
Rabbits	...	...	...	...	—	1	2	18

MEAT PRODUCTS					<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>Lbs.</i>
Bacon	—	9	0	24
Sausages and Sausage Meat	—	2	3	7

Fish Inspection The following summary indicates the quantity of fish, smoked fish and other varieties examined during the year, and the quantity found to be unfit for food:—

		<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>Lbs.</i>
Quantity of Fish inspected ...	... 1,458	0	0	0	
Quantity of Mixed Fish found to be unfit for human consumption ...	1	6	2	21	
Quantity of Smoked Fish found to be unfit for human consumption ...	—	2	0	14	
Quantity of Shell Fish found to be unfit for human consumption ...	—	—	—	24	
		and 3 gallons of Whelks			

Wholesale Fish Market, The Barbican In September the Sutton Harbour Improvement Company introduced plastic fish boxes into which trawlers unload their fish. The new boxes are not allowed off the Quay and are cleansed by the Company’s representative. The white plastic boxes have led to a vast improvement in the presentation of the fish and in the standard of cleanliness.

Inspection of other Food Premises The following table gives details of the number and type of the various food premises within the City, information regarding compliance with regulations 16 and 19 of the Food Hygiene (General) Regulations, 1960, which relate to washing facilities, together with the number of inspections made and action taken as a result of these inspections:—

<i>Type of premises</i>	<i>No.</i>	<i>Number fitted to comply with Regulation 16</i>	<i>Number to which Regulation 19 applies</i>	<i>Number fitted to comply with Regulation 19</i>	<i>Number of inspections made</i>	<i>Notices served</i>	<i>Notices complied with</i>
For manufacture of ice cream ...	7	7	7	7	28	—	—
Preparation and sale of fried fish and chips ...	43	43	43	43	63	1	1
Restaurants and other food preparation places ...	179	179	179	179	370	24	26
Butchers' shops ...	177	177	177	177	356	30	24
Bakehouses ...	36	36	36	36	104	3	2
Fresh fish shops (other than registered premises) ...	42	42	42	42	29	2	2
General provisions shops ...	909	909	862	862	1,298	39	38
Fruit and vegetable shops ...							
Dairies and premises licensed to sell milk, cream or ice cream							
Public houses ...	221	221	221	221	43	7	7
Food vehicles ...	—	—	—	—	275	10	10

Educational Activities

During the year the Plymouth Co-operative Society Limited introduced three short courses for their new intake of staff. Each course included the important subject of food hygiene, and arrangements were made for the Senior Food and Drugs Inspector to give talks to the new entrants on this subject.

The importance of food hygiene cannot be over-emphasised and it is hoped that such courses will be encouraged and extended to include all types of food business.

Talks to student nurses and women's organisations in the various aspects of food hygiene have continued during the year.

Contamination of Food

A number of cases of food contamination came to the notice of the department during the year which indicated a certain lack of care in the preparation, storage and handling of food, and in one instance it was considered that legal proceedings should be instituted. This involved a bakery firm which had sold a dough-ring containing a cigarette end. The Magistrates inflicted a fine of fifteen pounds with five guineas costs.

Clean Food Certificates

These certificates, of which only a very limited number has been issued, are awarded in respect of premises where an exceptionally high standard of food hygiene is maintained and are reviewed every six months.

At the review in April, three establishments had their certificates withdrawn because the exceptionally high standard of food hygiene required was not being maintained.

Later in the year, a certificate held by a soft drinks firm was withdrawn when their premises closed for manufacturing purposes.

Infectious Diseases

The following pages give tables showing the occurrence of notifiable infectious diseases in 1966 with observations on certain of the diseases.

Incidence Table 1, on page 66a, shows the number of notifications received for each disease classified by age groups.

Table 2, on page 66b, shows the quarterly and sex incidence of infectious diseases.

Table 3, on page 67, shows the number of cases of infectious diseases notified during 1966 with comparative figures for the previous four years.

Mortality No deaths were caused by Diphtheria, Scarlet Fever, Measles, or Whooping Cough. There was one death in hospital, the cause being acute meningoencephalitis due to mumps.

Hospital Admissions Table 4, on page 68, shows the number of Plymouth residents admitted to the Scott Hospital by reason of infectious disease.

GENERAL OBSERVATIONS

There were 972 cases of infectious diseases notified of whom 92 were admitted to the Scott Hospital. There were no outbreaks of serious diseases but, especially in January and February, there was a considerable amount of sickness due to colds, febrile catarrh, and a short feverish illness, probably influenza in many cases, as the presence of influenza virus A and B in the city was confirmed by the Public Health Laboratory Service.

Dysentery Eighty-six cases were notified, an increase of 53 over 1965. Samples were taken from family contacts of the cases and dysentery was bacteriologically confirmed in a further 110 persons. The type of dysentery organism was *Sh. Sonnei*.

TABLE 1.
INFECTIOUS DISEASES NOTIFIED 1966—BY AGE GROUPS.

DISEASE	<i>Under 1 year</i>	<i>1 year</i>	<i>2 years</i>	<i>3 years</i>	<i>4 years</i>	<i>5-9 years</i>	<i>10-14 years</i>	<i>15-19 years</i>	<i>20-24 years</i>	<i>25-34 years</i>	<i>35-44 years</i>	<i>45-64 years</i>	<i>65 years and over</i>	<i>Total All Ages</i>
	<i>No.</i>	<i>No.</i>	<i>No.</i>	<i>No.</i>	<i>No.</i>	<i>No.</i>	<i>No.</i>	<i>No.</i>	<i>No.</i>	<i>No.</i>	<i>No.</i>	<i>No.</i>	<i>No.</i>	
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	6	8	4	4	3	21	8	6	9	7	4	4	2	86
Encephalitis	—	—	—	—	—	2	—	—	—	—	—	1	—	3
Erysipelas	—	—	—	—	—	1	—	—	—	—	2	7	6	16
Food Poisoning	—	—	2	1	—	4	1	3	3	6	—	3	—	23
Measles	28	72	63	80	81	271	8	1	1	1	—	—	—	606
Meningococcal Infections ...	1	—	1	—	—	1	—	1	—	—	—	—	—	4
Ophthalmia Neonatorum ...	1	—	—	—	—	—	—	—	—	—	—	—	—	1
Paratyphoid	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	3	1	1	1	—	5	2	1	7	5	3	27	23	79
Poliomyelitis and Polioencephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	—	—	—	—	—	—	—	8	21	12	3	—	—	44
Scarlet Fever	—	2	5	6	9	32	3	1	—	—	—	—	—	58
Typhoid	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhus	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	6	5	9	6	4	19	—	2	1	—	—	—	—	52
TOTALS	45	88	85	98	97	356	22	23	42	31	12	42	31	972

TABLE 2.
QUARTERLY INCIDENCE OF INFECTIOUS DISEASES—PLYMOUTH—1966

DISEASE	JANUARY TO MARCH			APRIL TO JUNE			JULY TO SEPTEMBER			OCTOBER TO DECEMBER			TOTALS FOR YEAR		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	14	14	28	20	19	39	4	11	15	1	3	4	39	47	86
Encephalitis	—	—	—	1	—	1	—	1	1	1	—	1	2	1	3
Erysipelas	—	2	2	2	3	5	2	4	6	—	3	3	4	12	16
Food Poisoning	3	—	3	1	—	1	4	8	12	3	4	7	11	12	23
Measles	1	7	8	8	8	16	80	78	158	191	233	424	280	326	606
Meningococcal Infections	—	1	1	—	2	2	1	—	1	—	—	—	1	3	4
Ophthalmia Neonatorum ...	1	—	1	—	—	—	—	—	—	—	—	—	1	—	1
Paratyphoid	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	27	29	56	4	2	6	4	1	5	9	3	12	44	35	79
Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	—	7	7	—	14	14	—	11	11	—	12	12	—	44	44
Scarlet Fever	7	5	12	11	8	19	7	1	8	7	12	19	32	26	58
Typhoid	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	1	—	1	10	4	14	7	5	12	10	15	25	28	24	52
TOTALS ...	54	65	119	57	60	117	109	120	229	222	285	507	442	530	972

Food Poisoning

Twenty-three cases were notified. All were followed up, and in seven cases the presence of pathogenic salmonellæ was bacteriologically confirmed in stool specimens. There were no outbreaks attributed to restaurants, canteens, schools or other establishments catering for large numbers. A school kitchen came briefly under suspicion when it was reported that sixty-two of three hundred and sixty pupils and staff were ill, mostly with headache and diarrhoea a few hours after the midday meal. Enquiry soon indicated that the outbreak was one of epidemic nausea and vomiting, unconnected with food, and this was supported by the absence, on bacteriological examination, of any food poisoning organisms in specimens from patients and samples of the suspected foods.

TABLE 3

CASES NOTIFIED IN THE CITY DURING THE PAST FIVE YEARS

<i>Disease</i>	<i>1966</i>	<i>1965</i>	<i>1964</i>	<i>1963</i>	<i>1962</i>
Diphtheria	—	—	2	1	—
Dysentery	86	33	49	197	315
Encephalitis	3	—	2	4	2
Erysipelas	16	28	13	10	22
Food Poisoning	23	25	27	26	31
Measles	606	3,995	759	3,510	610
Meningococcal Infections	4	—	6	6	3
Ophthalmia Neonatorum	1	3	2	15	42
Paratyphoid	—	—	1	1	—
Pneumonia	79	119	71	125	68
Poliomyelitis and Polioencephalitis	—	—	—	—	1
Puerperal Pyrexia ...	44	55	31	34	48
Scarlet Fever	58	46	39	48	40
Smallpox	—	—	—	—	—
Typhoid	—	—	—	—	1
Typhus	—	—	—	—	—
Whooping Cough ...	52	57	233	169	68

TABLE 4

SCOTT HOSPITAL, PLYMOUTH

ADMISSIONS – PLYMOUTH RESIDENTS – 1966

NOTIFIABLE (INFECTIOUS) DISEASES ONLY

				<i>Admitted</i>	<i>Confirmed</i>
Diphtheria	....	....	....	—	—
Dysentery	....	....	....	20	17
Erysipelas	....	....	....	4	2
Food Poisoning	....	....	....	2	2
Measles	....	....	....	13	9
Meningococcal Infections	....	....	....	2	1
Pneumonia	....	....	....	44	23
Scarlet Fever	....	....	....	2	2
Whooping Cough	....	....	....	3	2
Acute Encephalitis	....	....	....	2	2

DEATHS – PLYMOUTH RESIDENTS, 1966

Acute Meningo-encephalitis due to mumps	1
---	------	------	---

TABLE XII

		<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
DR. PILKINGTON ...	A.M.						
	P.M.	N.C. (PT)	O.P.D.			O.P.D.	
DR. BLAIR ...	A.M.			O.P.D.			
	P.M.	N.C. (PT)					
DR. GILROY ...	A.M.						
	P.M.		O.P.D.	N.C. (PT)		N.C. (PT)	
DR. WEEKS ...	A.M.		N.C.				N.C.
	P.M.	N.C.			O.P.D.		
DR. MATTHEWS ...	A.M.						
	P.M.						
DR. NEVILLE ...	A.M.	N.C.			N.C.		O.P.D.
	P.M.		N.C.	N.C. (FU)			
DR. LILAUWALA ...	A.M.						
	P.M.					N.C. (FU)	
DR. DUNNE ...	A.M.						
	P.M.		N.C. (FU/DH)				
DR. WOOD ...	A.M.			O.P.D. (FU)			
	P.M.	Forensic Clinic (eve.)					
DR. PIERCE ...	A.M.						
	P.M.	O.P.D.			N.C. (FU)		
DR. SMITH ...	A.M.						
	P.M.					N.C. (FU)	
DR. KAY ...	A.M.						
	P.M.		N.C. (FU)				
DR. GUILLOCHON ...	A.M.						O.P.D. (ECT)
	P.M.				N.C. (FU)		
DR. SPENCER ...	A.M.						O.P.D. (ECT)
	P.M.				N.C. (FU)		

KEY: N.C. Nuffield Clinic P.T. Psychotherapy F.U. Follow-up
O.P.D. New cases – Freedom Fields Hospital

IMMUNISATION AND VACCINATION

The Annual Returns to the Ministry of Health of the immunisations carried out against Diphtheria, Whooping Cough, Tetanus, and Poliomyelitis have now been consolidated into one comprehensive return and this is shown as Table A.

Immunisation against Diphtheria, Whooping Cough, Tetanus, Poliomyelitis, and Smallpox continued to be offered by General Medical Practitioners and Local Authority Clinics. The Local Authority in addition provides B.C.G. vaccination against Tuberculosis for contacts and all older children and against Yellow Fever for those travelling to certain areas abroad.

1965 was a comparatively good year for acceptance of immunisation against Diphtheria, Tetanus, and Whooping Cough, approximately 10 per cent more primary courses being given than in 1964. For no obvious reason, 1966 has been a disappointing year, with a falling off of about 14 per cent in primary courses given. On the other hand, the number of reinforcing injections was increased in 1966.

Diphtheria Immunisation 3,058 primary courses were given in 1966: 456 fewer than in 1965.

4,306 reinforcement injections were given: 334 more than in 1965.

Whooping Cough Immunisation This immunisation is only given to babies and children under 5 years of age who have not previously had the disease. It is usually given as part of the 'triple' vaccine which also contains diphtheria and tetanus immunisation and 2,735 infants were immunised in 1966. 1,168 reinforcement doses were also given.

Tetanus Immunisation 2,683 children under 4 years and 918 older children received a primary course.

4,467 reinforcement injections were performed.

Poliomyelitis Vaccination 3,311 primary courses were given in 1966, compared with 3,392 in 1965.

1,868 reinforcement doses were also given.

B.C.G. Vaccination against Tuberculosis This is dealt with in the Tuberculosis and School Health sections of the report.

Vaccination against Yellow Fever 526 persons requiring vaccination and certificates for travel to Yellow Fever areas were vaccinated during the year.

Vaccination against Smallpox Table B shows that 2,264 babies and children under 16 years of age were vaccinated in 1966 (2,099 in 1965). 1,823 infants under 2 years were vaccinated which figure is 47.7% of the birth rate.

TABLE B—VACCINATION AGAINST SMALLPOX

NUMBER OF PERSONS (UNDER 16 YEARS) VACCINATED OR RE-VACCINATED DURING 1966					
				<i>Number vaccinated</i>	<i>Number re-vaccinated</i>
O-3 months	...			15	—
3-6 months	...			32	—
6-9 months	...			63	—
9-12 months	...			337	—
1 year	...	...		1,376	2
2-4 years	...	...		332	27
5-15 years	...	...		109	236
TOTAL	...	...		2,264	265

TABLE C—VACCINATION AGAINST SMALLPOX

<i>Year</i>	<i>Births</i>	<i>Primary vaccinations (all ages)</i>	<i>Percentage of Children vaccinated (under 1 year of age)</i>	<i>Re- vaccinations (all ages)</i>
1944	3,016	1,663	55.14	85
1945	3,752	1,803	48.05	39
1946	3,947	1,890	47.88	74
1947	4,490	1,972	43.92	6
1948 (to 4.7.48) ...	2,223	1,001	45.48	—
1948 (from 5.7.48) ...	1,813	322	17.76	69
1949	3,769	1,432	30.5	278
1950	3,534	1,691	33.5	398
1951	3,622	1,975	40.2	832
1952	3,487	1,836	42.9	475
1953	3,643	1,869	40.0	297
1954	3,580	1,692	40.8	239
1955	3,536	1,942	48.3	224
1956	3,526	1,711	42.7	264
1957	3,615	2,123	49.4	238
1958	3,652	2,127	51.3	220
1959	3,655	2,311	53.9	289
1960	3,683	2,601	55.1	317
1961	3,706	2,530	56.6	308
1962	3,757	7,280	66.57	6,085

In 1963 the recommended age for performing vaccination in infants was changed from 4 months to some time between the 12th and 24th months of age.

<i>Year</i>	<i>Births</i>	<i>Primary vaccinations (all ages)</i>	<i>Percentage of Children vaccinated (under 2 years of age)</i>	<i>Re- vaccinations (all ages)</i>
1963	3,867	743	13.99	502
1964	3,839	1,630	36.52	386
1965	3,765	2,099*	49.67	130*
1966.... ..	3,822	2,264	47.70	265

* from 1965, figures are for persons under 16 years of age

Prevention of Illness Care and After-Care

(A) TUBERCULOSIS

VITAL STATISTICS

Notifications The number of notified cases of tuberculosis for the year amounted to 59, consisting of 51 respiratory and 8 other forms of tuberculosis. These figures show a decrease of 26 in respiratory notifications and of 7 in non-respiratory compared with the previous year.

TABLE 1
AGE AND SEX OF NOTIFIED CASES OF TUBERCULOSIS IN 1966

Age Groups	Respiratory		Non-Respiratory	
	Male	Female	Male	Female
0-5 	—	—	—	—
6-15 	1	4	—	—
16-25 	8 (3)	4 (1)	1 (1)	2
26-35 	3 (1)	—	—	3 (2)
36-45 	4 (2)	2	—	1
46-55 	4 (1)	2 (2)	—	1 (1)
56-65 	8 (4)	2	—	—
66 and over ...	8 (6)	1 (1)	—	—
TOTALS ...	36 (17)	15 (4)	1 (1)	7 (3)

Bracketed figures denote bacteriologically positive cases.

TABLE 2
NOTIFICATIONS AND DEATHS FROM TUBERCULOSIS
FOR THE YEARS 1950-1966

<i>Year</i>	<i>Notifications</i>		<i>Deaths (Total)</i>		<i>Deaths in non-notified persons</i>	
	<i>Resp.</i>	<i>Non-Resp.</i>	<i>Resp.</i>	<i>Non-Resp.</i>	<i>Resp.</i>	<i>Non-Resp.</i>
1950	299	49	Not available		Not available	
1957	176(58)	21	16	3	2	2
1958	143(54)	16	21	1	4	—
1959	154(40)	14	13	—	1	—
1960	141(47)	10	19	—	1	—
1961	160(48)	15	22	—	4	—
1962	90(35)	10	14	—	2	—
1963	108(34)	19	9	3	—	1
1964	107(31)	12	9	3	2	3
1965	70(28)	15(5)	6	—	—	1
1966	51(21)	8(4)	5	—	—	—

Bracketed figures denote bacteriologically positive cases.

Deaths During 1966, tuberculosis was registered as the cause of death in 5 cases.

Clinic Register An analysis of the number of patients on the 'live' Chest Clinic Register at the end of the year is shown in Table 3.

TABLE 3

	<i>Male</i>	<i>Female</i>	<i>Children</i>	<i>Totals</i>
Respiratory ...				
Tuberculosis ...	635	400	237	1,272
Non-Respiratory ...				
Tuberculosis ...	12	6	—	18
TOTALS ...	647	406	237	1,290

CHEST CLINIC AND HOSPITAL WORK

Attendances 4,121 new cases were investigated during the year. Of these, 1,793 were referred to the out-patient clinics, the remainder being examined at the open X-ray sessions. In addition, there were 5,017 attendances of old cases, a further 1,783 old cases attended for X-ray only and 366 contacts were examined.

TABLE 4
ANALYSIS OF CLINIC ATTENDANCES

Year	Total Attendances	New cases referred		New Contacts	Re-attendances	
		Clinic	G.P. X-ray		Clinic	X-ray only
1958	14,711	1,129	4,052	881	8,649	
1959	15,162	1,197	4,425	948	8,592	
1960	13,924	1,059	3,957	876	8,032	
1961	13,794	1,861	3,634	926	7,373	
1962	12,831	1,707	3,139	837	7,148	
1963	11,929	1,673	3,049	933	6,274	
1964	11,587	1,448	2,382	791	6,966	
1965	12,020	1,570	3,189	738	5,239	1,284
1966	11,287	1,793	2,328	366	5,017	1,783

Case Finding The main methods by which new cases are discovered are analysed in Table 5.

TABLE 5
SOURCE OF NOTIFIED CASES OF RESPIRATORY TUBERCULOSIS
(Percentage of total notified cases shown in brackets)

Year	M.M.R.	Clinic	G.P. X-ray	School Medical Service	Contacts	Other Hospitals
1957	43 (24.4)	60 (31.1)	26 (14.8)	2 (1.1)	21 (11.9)	24 (13.7)
1958	32 (22.4)	43 (30.0)	21 (14.7)	1 (0.7)	14 (9.8)	32 (22.4)
1959	23 (14.9)	60 (39.0)	17 (11.1)	5 (3.2)	14 (9.1)	35 (22.7)
1960	35 (24.8)	49 (34.7)	11 (8.0)	1 (0.7)	15 (10.6)	30 (21.2)
1961	28 (17.5)	67 (41.9)	10 (6.2)	2 (1.2)	15 (9.4)	38 (23.8)
1962	29 (32.2)	38 (42.2)	7 (7.8)	— —	4 (4.5)	12 (13.3)
1963	28 (25.9)	31 (28.9)	16 (14.8)	5 (4.6)	14 (12.9)	14 (12.9)
1964	27 (25.2)	29 (27.1)	8 (7.5)	1 (0.9)	17 (15.9)	25 (23.4)
1965	18 (25.7)	23 (32.9)	4 (5.7)	1 (1.4)	14 (20.0)	10 (14.3)
1966	13 (25.5)	16 (31.4)	3 (5.9)	2 (3.9)	7 (13.7)	10 (19.6)

TABLE 6
FINDINGS IN TUBERCULIN POSITIVE SCHOOL LEAVERS

<i>Year</i>	<i>Number of children aged 13-14</i>	<i>Number tested with Tuberculin</i>	<i>Tuberculin Positive Reactors</i>	<i>Positive Reactors with active T.B.</i>	<i>Active T.B. in contacts of Positive Reactors</i>
1959	3,198	1,889	177 (9.4%)	5	—
1960	3,740	2,290	166 (7.2%)	1	4
1961	3,671	2,158	145 (6.7%)	2	2
1962	3,282	2,226	127 (5.7%)	—	—
1963	3,191	1,932	101 (5.2%)	5	5
1964	2,959	1,821	72 (3.9%)	1	3
1965	2,953	1,886	83 (4.4%)	1	4
1966	2,963	1,975	82 (3.1%)	2	1

The percentage of tuberculin positive reactors in the child population gives a good indication of the extent of infectious tuberculosis in this area. The proportion of reactors is now small and the changes from year to year are slight, but the downward trend observed over the last eight years continues.

TABLE 7
HOSPITAL TREATMENT

The numbers of admissions to Didworthy and the Scott Hospital for the treatment of tuberculosis during the last 3 years are shown below:

1964	....	....	101
1965	....	....	78
1966	...	...	55

TABLE 8
RESISTANT BACILLI IN NEW CASES OF RESPIRATORY TUBERCULOSIS

<i>Year</i>	<i>Total No. Notified</i>	<i>No. Sputum Positive</i>	<i>No. Infected with Resistant Strains</i>
1960	141	47	1
1961	160	48	1
1962	90	35	—
1963	108	34	1
1964	107	31	1
1965	70	28	—
1966	51	21	—*

* One patient with urinogenital tuberculosis was infected with Streptomycin resistant organisms.

Chronic Sputum Positive Cases These patients are few in number and are closely supervised by the Health Visitor.

The total number on 31st December, 1966, was three.

B.C.G. Vaccination The following table shows the number of cases vaccinated against tuberculosis in 1966.

TABLE 9

School Children (under 14)	...	1,885
School Children (over 14)	...	133
Contacts	... ..	271

Re-housing The Housing Committee co-operate in the re-housing of patients found to be living in unsatisfactory conditions.

To the 11 cases awaiting re-housing on the 31st December, 1965, were added a further 6 recommended by the Medical Officer of Health. Seven families were re-housed and 1 removed from the list leaving 9 still to be re-housed on the 31st December, 1966.

Voluntary Organisations The Plymouth Chest Clinic Patients' Care Committee, formerly known as the Tuberculosis Care and After-Care Voluntary Committee, continued to act as agent of the Local Authority for the welfare of the tuberculous patient, and a grant for these services was maintained at £600.

Total expenditure for the year amounted to £1,128, of which sum £822 was devoted directly to the assistance of the patient and grants to hospitals.

As in previous years, the majority of applications was in respect of clothing, bedding and food grants. Cheap milk was granted to patients, an item accounting for expenditure amounting to £610, and amenities were also provided for Didworthy and Scott hospitals.

(B) OTHER ILLNESS

Health Education

Seven health visitors prepared girls from Secondary Modern Schools for Red Cross Examinations in Home Nursing and Mothercraft, and three health visitors have participated in the training of girls for Duke of Edinburgh Awards in Mothercraft. We also succeeded, with other members of the Home Safety Committee and the participation of the elderly, deaf and blind people to photograph situations of real everyday dangers in the home. This visual aid was of real value when a special course was organised for home helps, etc., on the care of the elderly in their homes.

In response to mothers who had attended earlier courses of "Relaxation and Mothercraft," the staff of St. Budeaux Clinic arranged, at the end of the year, a successful re-union where mothers returned to meet others still attending the course. Films were shown and discussion followed. The general expression of thanks made our staff realise that discussion groups even so early after birth are worthwhile.

Cytology lectures were given to various groups of women throughout the city. The general response to this service shows that the lectures were successful.

Various aspects of health education were publicised on the notice boards in parks and other open spaces during the winter months and during the holiday season numerous pamphlets were made available to the public from the information desk in the Municipal Offices.

(C) VENEREAL DISEASES REPORT, 1966

I am indebted to DR. A. J. EVANS, the Consultant Venerologist, for the following report.

“In September, Dr. D. F. Johnstone, Sister M. P. Phillips, and Mr. E. T. Jemmett, all retired. Thus the Treatment Centre at Freedom Fields Hospital lost the Consultant Venerologist, the Nursing Sister and the Senior Male Nurse. Between them they had given over ninety years of service in the Centre. It is fitting that this Annual Report should start by paying tribute to their long years of skilled and devoted service in combating Venereal Infections in the Plymouth area.

The total number of new patients in 1966 showed an increase over 1965. Thus the pattern of recent years has been repeated, though this year the percentage increase has been less – $3\frac{1}{2}\%$ as opposed to 7% in 1965 and 6% in 1964. Compared with 1965, there was a decrease in the number of new patients with Syphilis and an increase in the number with Gonorrhoea (see Table B).

This increase in new patients each year in Plymouth is in keeping with the figures for the country as a whole, as reported in the Chief Medical Officer's Annual Reports. The national increase has been attributed largely to three groups of patients: (a) immigrants; (b) male homosexuals; and (c) teenagers. There is no large immigrant population in the Plymouth area, and male homosexuals form only a very small proportion of the patients attending the Treatment Centre. Teenagers do, however, form an unduly high proportion of the patients in Plymouth.

Of the 1,066 new patients (excluding transfers from other clinics) in 1966, 204 (19%) were aged 19 years or under. Teenagers comprised 14% of the new patients with Syphilis or Gonorrhoea. The ratio of men to women among all new patients was 2:1, but among teenagers it was 1:2. This would seem to indicate that promiscuity is a greater problem in teenage girls than in teenage boys.

Similar findings for teenagers have frequently been reported from other clinics in this country. However, it can be no cause for complacency that in the Plymouth area every third female patient attending the Treatment Centre is a teenager.

Published reports have suggested that cervical cytology performed on women attending Venereal Disease Clinics yields a higher percentage of positives than from any other group of women. With this in mind, towards the end of the year arrangements were made to take cervical smears for cytology from all new women over 30 years of age attending the Treatment Centre. This should be a useful additional service."

TABLE A
TOTAL NEW CASES FOR THE YEAR, 1966,
INCLUDING TRANSFERS FROM OTHER CENTRES

Year 1966	<i>Syphilis</i>	<i>Chancroid</i>	<i>Gonorrhoea</i>	<i>Non-Specific Urethritis</i>	<i>Other Conditions requiring treatment</i>	<i>Non-V.D.</i>	<i>Totals</i>
PLYMOUTH	13	—	131	222	269	263	898
DEVON	9	—	7	25	36	39	116
CORNWALL	6	—	1	13	20	23	63
TOTALS	28	—	139	260	325	325	1,077

TABLE B
NEW CASES FOR THE YEAR, 1966 – EXCLUSIVE OF TRANSFERS

<i>Year</i>	<i>Syphilis</i>			<i>Gonorrhoea</i>			<i>Totals</i>
	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>	
1962 ...	10	7	17	112	19	131	148
1963 ...	8	5	13	97	37	134	147
1964 ...	6	8	14	94	28	122	136
1965 ...	22	14	36	80	38	118	154
1966 ...	10	11	21	105	30	135	156

MASS RADIOGRAPHY SERVICE

Report on work carried out in the City of Plymouth and abnormalities found in Plymouth residents during the year ended 31st December, 1966. (*Extracted from report of Dr. A. R. Templeton.*)

Number of Examinations and Prevalence of Pulmonary Tuberculosis

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Number of persons examined	13,506	6,460	19,966

Cases of Pulmonary Tuberculosis

(a) Requiring treatment	18	1	19
(b) Requiring observation	14	4	18
(c) Inactive cases	627	99	726

ANALYSIS BY SURVEY GROUP OF CASES OF PULMONARY TUBERCULOSIS REQUIRING TREATMENT

<i>Survey Group</i>	<i>Number Examined</i>	<i>Pulmonary Tuberculosis</i>
General Practitioner Referrals	1,060	7
School Children	2,180	—
Contact Groups	745	1
Contacts to Tuberculin Positive Reactors	2	—
Occupational Surveys	1,074	2
Firms and Factories	9,410	5
Students	841	—
Hospital Staff	590	—
Schools Staff	250	—
Prisons and Homes for the Aged, etc.	78	2
General Public	3,667	2
Ante Natal Cases	53	—
Mental Hospital Staff	16	—
TOTAL	19,966	19

AGE AND SEX ANALYSIS OF CASES OF PULMONARY TUBERCULOSIS REQUIRING TREATMENT

	—15	15-24	25-34	35-44	45-59	60+	<i>Total</i>
Male	—	4	5	—	6	3	18
Female	—	1	—	—	—	—	1
							19

NON-TUBERCULOUS CONDITIONS

	<i>Total</i>
Bronchial Carcinoma	19
Other Malignant Neoplasms	3
Non-Malignant Neoplasms, including enlargement of the Thyroid	2
Lymphadenopathies	1
Sarcoidosis	16
Cardio-Vascular Disease – Congenital	9
Cardio-Vascular Disease – Acquired	116
Pneumoconiosis – simple	8
Pneumoconiosis + P.M.F.	1
Bronchiectasis	15
Pulmonary Infections, including all types of Pneumonia and Fungus Infections	45
Pleural Effusions and Empyema	1
Bronchitis and Emphysema	240
Abnormalities of the Diaphragm and Oesophagus	10
Other Significant Abnormalities	274
Others of No Clinical Significance	434

Home Nursing

Superintendent: MISS D. M. WILLIAMS

Staff The establishment was forty-three and one-third (including students).

The staff on 31st December, 1966, was:

- 1 Superintendent
- 2 Assistants
- 29 Female Queen's Nurses
- 8 Male Queen's Nurses
- 1 Female State Registered Nurse
- 5 Queen's Nurses (part-time)
- 6 Bath Attendants

Transport Car allowances to thirty-nine car owners (includes one on public transport basis).
Six Corporation cars.

Training Ten students were trained during the year; four were County students, and six were for the staff.

Postgraduate Courses Three Queen's Nurses and one Administrator attended postgraduate courses recognised by the Ministry of Health.

A very successful study week was held in April; a lecture was given each afternoon, and discussions were held and films were shown in the evenings; one of the most popular events being an informal meeting between the nurses and the General Practitioners. As a result of one of the lectures in Communications, several members of the staff attended a course on the subject at the College of Technology. All these events were taken in the nurses' free time, work would not allow any extra time being given; this proves the enthusiasm of the staff and their thirst for knowledge.

Sheets Service and Laundry Service Fifty-one patients had sheets on loan and of these forty-seven used our laundry service.

Incontinence Pads The use of incontinence pads has increased, as follows:

	1964	1965	1966
Number of pads ...	20,500	32,187	49,062

Disposable Syringes An indication of the increase in use of disposable equipment is that 30,900 disposable syringes were issued during the year.

WORK DONE

Patients on books beginning of 1966	...	...	...	...	961
New patients during the year	...	...	...	...	3,270
Total number of persons nursed during the year	...	...	...	...	4,231
Number of persons who were aged under 5 at first visit in 1966	...				138
Number of persons who were aged 65 and over at first visit in 1966					2,520
Total number of visits paid during the year	...	...	...		148,162
Number of visits paid to persons who were aged under 5 years	...				883
Number of visits paid to persons who were aged 65 years or over					107,997

Report The volume of work has remained about the same, although a great burden is put upon the nurses in trying to fill the gap between those who need skilled nursing and those who need a personal service. This is aggravated by the fact that the Home Helps are not available on Sundays and public holidays. To some extent the situation is helped by the appointment of Bath Attendants, who do the time-consuming job of bathing the old or incapacitated whose condition does not require the skill of a trained nurse: but there is still a great need for a personal as well as a domestic service, when the family is not available.

We are in the process of modernizing our techniques but find some of the Family Doctors still rather reluctant to prescribe the sterile dressing pack now available on Form E.C. 10. The nurses' equipment is gradually being replaced by pre-sterilised disposable types.

The work on the Nurses' Home is now completed, and adds to the comfort of the resident staff.

Home Help Service

Organiser: MRS. D. FISHLEY

There has been a slight increase in the number of cases during the past year. It is interesting to note that the number of confinement cases has dropped by almost half; at the same time general sickness cases have increased, many of them requiring only a limited amount of help.

A substantial increase in the number of cases in receipt of Ministry of Social Security allowances has resulted in a corresponding increase in the number of home helps supplied without charge.

This is a summary of the work undertaken by the department's service during the year:—

Visits by Organiser	...	...	...	...	...	1,069
Number of Cases assisted	...	...	...	...	...	266
Confinements	...	...	...	...	...	59
Tuberculosis	...	...	...	...	...	Nil
Chronic Sick, including Aged and Infirm	...	...	...	...	...	59
General Sickness	...	...	...	...	...	141
Toxæmia	...	...	...	...	...	7
Average number of helpers employed weekly	...	...	...	...	...	28
Total number of hours worked by helpers	...	...	...	...	...	33,720
Amount recovered from householders	...	...	...	...	...	£1,794
Number of cases of full recovery of cost	...	...	...	...	...	45
Number of cases of part recovery of cost	...	...	...	...	...	140
Number of cases free	...	...	...	...	...	81

The Plymouth Guild of Social Service has continued to provide a part-time service for old people with financial assistance from the Local Health Authority.

I am indebted to the Guild for the following details of work:

Average number of cases assisted weekly	...	...	830
Average number of home helps employed weekly	...	...	178
Total number of hours worked by helpers	...	...	215,853

Mental Health

DR. N. R. MATHESON

Senior Medical Officer for Mental Health

The Report from the Medical Director of the Plymouth Nuffield Clinic covers the work of the department except the training centres and hostel.

St. George's Training Centre This has remained overcrowded throughout the year. Working conditions have been difficult because of the number of people in a small area and the inadequacy of storage space. It is regrettable that part of the canteen has had to be used as additional working area. Nevertheless, the trainees have been fully occupied, and social training as well as industrial has been constantly emphasised. The staff have continued to give regular voluntary service at the Welby Social Club, which meets weekly on the premises.

Highbury Training Centre We have been able to cater for all children suitable for training, and have indeed continued to help a number who are really requiring nursing care, and should therefore have been the responsibility of the Regional Hospital Board.

Training Courses Mr. Ashley, of St. George's, and Miss Lethbridge, of Highbury, have been seconded on training courses for diplomas in their respective fields of vocation.

Welby Hostel The year has run more smoothly with more stable residents, but difficulty was experienced in finding assistance for the Warden. Fortunately, at the end of the year a full-time deputy was appointed, and now we shall be able to step up the number of residents. During the year sixteen women and girls were admitted, some for short-term, others for possibly permanent care. The overcrowding at St. George's Training Centre has caused difficulties because most of our residents have been unable to find work, and it has not been easy to occupy them usefully all the time on the premises.

Three students from the College of Technology who were making a special study of the impact of mental defect on families, spent six days with the officers of the department, and a programme of talks, demonstrations and visits was arranged for them.

NUFFIELD CLINIC

REPORT OF THE MEDICAL DIRECTOR

(1) INTRODUCTION

The Joint Management Committee of Hospital and Local Authority representatives held four meetings during 1966, and again made a valuable contribution towards maintaining steady progress. In March approval was given to the suggestion that two sessions per week of Margaret Morris Movement be held in the Day Hospital. Miss Lawson (now Mrs. Jones) commenced the sessions on May 19th. At the meeting in March the Chairman referred to the impending retirement of the City Medical Officer of Health and the Committee expressed the wish that Dr. T. Peirson would have a long and happy retirement and placed on record their appreciation of his valuable services in connection with the operation of the Clinic. At the June meeting it was reported that a member of the Committee, Councillor Curry, together with Mr. P. Ace (Senior Educational Psychologist) and Mr. Knowles (Headmaster, Bull Point Primary School) had visited Portsmouth to see the provisions made by that city for severely maladjusted children. It was noted in June that Dr. P. C. Matthews, Consultant Child Psychiatrist, had been appointed by the Regional Hospital Board to serve the Plymouth Clinical Area and would commence duties on July 14th. Mrs. D. J. Creber, it was noted, had been appointed as the third psychiatric social worker to the Children's Section. At the September meeting the survey of thirty-one hostels for the mentally ill prepared by the Ministry of Health (July 1966) was discussed with interest. Dr. T. A. I. Rees (Medical Officer of Health, City of Plymouth) stated that he was to make a comprehensive report to the next meeting of the Health Committee in respect of hostels, a sheltered workshop and an occupation centre. This report was discussed by the Joint Committee at their meeting held in December. At this meeting it was noted that the Plymouth Education Authority had been unable to fill the vacancies on its establishment of speech therapists and it was hoped that at national level steps would be taken to increase recruitment to the profession either by increased training facilities,

higher remuneration or by any combination of measures likely to be effective. It was reported that two small special tutorial classes for severely maladjusted children had started in September at Stuart Road Primary School.

The Committee were informed that the Education Committee would be receiving the recommendation that the Mount Tamar site should be used for the establishment of a predominantly purpose-built Day School for Maladjusted Children, a Day Treatment Centre to be incorporated with the School and Weekday Hostel.

The comprehensive community mental health centre, as it is generally conceived in the United States of America, is not a physical plant but rather a programme that provides total mental health services to meet the total needs of the community. It provides treatment for all persons of all ages, and for all types of psychiatric illness. The other major purpose of the community mental centres is that of prevention of mental illness, which includes the promotion of mental health. In order to implement the programmes in the United States, the eighty-eighth congress enacted Public Law 88-194, the "Mental Retardation Facilities and Community Mental Health Centre Construction Act of 1963". Regulations issued in 1964 specified that to qualify for Federal Construction Funds, a community mental health centre must provide at least five essential elements of comprehensive mental health services:

- A. In-patient services;
- B. Out-patient services;
- C. Partial hospitalisation services, including at least day care;
- D. Emergency services provided twenty-four hours a day within at least one of the three services above;
- E. Consultation and education services available to community agencies and professional personnel.

Adequate services are defined as consisting of the five essential elements above plus five other components:

- A. Diagnostic services;
- B. Rehabilitative services including vocational and educational programmes;
- C. Pre-care and After-care services in the community, including foster home placement, home visiting, and half-way houses;

- D. Training; and
- E. Research and evaluation.

I am grateful to Milton Estes, University of Chicago, for the above information who has rightly pointed out that these general considerations provide a framework upon which one can evaluate existing community mental health centres such as the Plymouth Nuffield Clinic and the other elements of the community mental health service for the Plymouth Clinical Area.

(2) ADULT DEPARTMENT

(i) DAY HOSPITAL

The figures given below refer to the period from 1st January to 31st December, 1966 – the figures for the three previous years are also given. (It should be noted that the figures in 1963 are for a period 19th February to 31st December and not a full year).

TABLE I

ADMISSIONS	1966	1965	1964	1963
Number of patients admitted	247	207	228	169
Number of male patients ...	97	85	76	69
Number of female patients ...	150	122	152	100

TABLE II

SOURCES OF REFERRAL	1966			1965			1964			1963		
	M	F	T	M	F	T	M	F	T	M	F	T
Out-Patient Dept. of Psychological Medicine (Freedom Fields Hospital); Domiciliary Consultations; Follow-up Clinics ...	39	62	101	35	56	91	21	38	59	25	34	59
Psychiatric Hospital (Moorhaven Hospital Group) ...	39	56	95	35	48	83	33	90	123	28	47	75
Others (P.S.Ws., Nursing, After-care, M.W.Os & G.Ps.) ...	19	32	51	15	18	33	22	24	46	16	19	35

TABLE III

DISCHARGED	1966	1965	1964	1963
Number of patients discharged	274	210	197	96
Number of male patients ...	107	83	75	44
Number of female patients ...	167	127	122	52

TABLE IV

AFTER DISCHARGE	1966			1965			1964			1963		
	<i>M</i>	<i>F</i>	<i>T</i>	<i>M</i>	<i>F</i>	<i>T</i>	<i>M</i>	<i>F</i>	<i>T</i>	<i>M</i>	<i>F</i>	<i>T</i>
Home/Employment ...	76	113	189	50	71	121	45	52	94	21	19	40
Psychiatric Hospital:												
i Informal ...	13	24	37	15	28	43	22	39	61	10	20	30
ii Section 25 ...	—	4	4	1	4	5	—	1	1	1	—	1
iii Section 29 ...	3	3	6	2	5	7	1	6	7	1	2	3
iv Section 26 ...	—	3	3	3	2	5	—	1	1	—	—	—
Adult Training Centre	1	1	2	—	—	—	—	—	—	1	—	1
Unsuitable for Day Hospital ...	—	—	—	—	—	—	—	—	—	3	1	4
Failed to attend regularly, follow-up contact, then discharged	8	9	17	5	12	17	2	17	19	7	10	17
Miscellaneous ...	6	10	16	7	5	12	8	6	14	—	—	—

TABLE V

AGE	1966		1965		1964		1963	
	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>
10-14 years ...	1	—	—	—	—	1	—	1
15-25 years ...	18	29	11	16	7	18	7	12
25-34 years ...	20	24	13	19	12	24	14	8
35-44 years ...	22	27	19	27	25	32	16	25
45-54 years ...	17	46	23	48	11	53	9	18
55-64 years ...	21	47	16	40	16	43	9	17
65-74 years ...	26	30	26	30	26	22	14	14
75 and over ...	2	18	6	17	3	8	—	6

TABLE VI

	1966	1965	1964	1963
On the Register at 31st December, 1966 ...	77	101	104	73
Total attendances ...	12,349	13,226	12,622	7,979
Average daily attendance	48.2	52	49	—
Age range	13-84 yrs.	16-82 yrs.	14-80 yrs.	15-86 yrs.
Average age — male patients	47	42	62	51
Average age — female patients	49	52	49	48
Total admissions since February, 1963	865	618	411	—
Re-admissions	90 (36.4%)	52 (25%)	53 (23.2%)	—

Dr. Richard Neville, throughout 1966, has continued to attend the Nuffield Clinic Day Hospital for three sessions a week, and reports as follows:

“Under consultant supervision I was responsible for more than half the patients receiving day care at the Clinic. In my report last year I mentioned the need to reduce the total number of patients attending the Day Hospital so that each individual patient received more intensive care. This was achieved during the first half of 1966 by discharging a number of patients who had been attending for a comparatively long time. Their main need seemed to be for company rather than medical, nursing, or occupational therapy time and attention, so they were encouraged to use local community facilities such as those provided by the Plymouth Guild of Social Service.

Last year I also noted in my report the need for division of patients into several small groups. During the second half of 1966 day hospital patients were divided selectively into several small discussion groups. The groups meet for an hour or so once weekly under the leadership of members of the nursing and occupational therapy staff. After initial doubts were dispelled, considerable enthusiasm for these group meetings has developed.

Admissions to and discharges from the Day Hospital were fully discussed every Thursday morning at a meeting with senior nursing staff, psychiatric social workers, nursing after-care officers, and occasional visitors from health organisations in the United Kingdom, or from abroad. Three principals were particularly stressed at these meetings, (i) *communications* with all interested doctors, mental health workers and agencies, (ii) *continuity of care*, and (iii) the mental health *team approach* to preventive psychiatry.

Large day hospital community meetings of all patients and staff, followed by staff meetings, were held on Mondays at 10.30 a.m. and on Tuesdays at 2 p.m., the days and times being specially chosen so as to include as many day patients as possible. In my opinion these meetings have helped maintain a very high morale in the day hospital. The atmosphere of purposeful therapeutic activity which prevails has been commented upon by a number of visitors to the day hospital.

There is an ever-increasing awareness of the great importance of promoting a wide variety of procedures, the basic function of which is to improve relationships between patients and between staff and

patients. In December, 1966, the *Nursing Mirror* published a symposium devoted to psychiatric hospital community meetings of this kind with special reference to those held at the Plymouth Nuffield Clinic."

Mr. J. Hunter, Assistant Chief Male Nurse, the nurse in charge of the Day Hospital, reports as follows:

"The treatment programme has been continued as reported in previous years. During the first three months of 1966 attention was given to (i) the need for dividing patient population into small groups, each under the care of a nurse, and (ii) the problem of the large number of patients attending making it difficult for each nurse to know each patient adequately. Small group meetings were introduced and take place every Wednesday afternoon, the nurse with each group selects patients who are thought suitable for the respective group.

Medical and Nursing time was focussed on discharging patients whenever possible, referring to the Social Work Services, Guild of Social Service and Nursing After-care. To these staff we express our thanks and appreciation for their efforts which have enabled the Day Hospital to have vacancies for acute needs and to function with a register of an average of eighty patients as against one hundred and twenty.

- (i) *Admissions*: The number of patients admitted from the out-patient department, follow-up clinic or domicilliary consultations, increased to one hundred and one. The total number of admissions during the year increased to two hundred and forty-seven as compared with two hundred and seven in the previous year.
- (ii) *Discharges*: The number of patients discharged to the in-patient units at Moorhaven Hospital decreased to fifty. This number has decreased by ten each year over the last three years. The total number of discharges increased to two hundred and seventy-four. It has been increasingly difficult this year to find suitable employment for some patients. Mr. Theaker, Disablement

Resettlement Officer, continues to see patients regularly and assists many to find work. It is becoming noticeable that for some men, work is less remunerative than the Social Security benefits. It may appear that there is a need to supplement wages to encourage some patients to enjoy the therapeutic effects of doing a job well.

- (iii) *Treatment* The number of medical sessions available to the Day Hospital patients has remained unchanged. A small amount of Industrial Contract Work was obtained from one firm – Continental Engravers Ltd., but soon ceased owing to the national credit squeeze. In addition to the activities previously reported, including the patients Social Club, entertainment provided by local voluntary organisations, two-hourly sessions per week of Margaret Morris Movement have been held by Mrs. Anne Jones.

At the end of September, Mrs. Gloria Mitchell, Staff Nurse, left for domestic reasons and we are very grateful to her for the after-care work that she did and her help with a psychotherapeutic group. Mrs. M. MacLean, Staff Nurse, was appointed as successor and continues to provide a nursing service for some of the patients who have been discharged home in addition to her duties in the day hospital.

In June, Mr. J. Hunter was promoted to Assistant Chief Male Nurse, Deputy Sister Mrs. V. Bracey was promoted to Sister and Mr. A. Deighton, Staff Nurse, was promoted to Deputy Charge Nurse

Mr. Deighton continues to visit regularly patients who have been discharged from Moorhaven Hospital. Mrs. M. Heller (Deputy Sister) Moorhaven Hospital, is now employed full-time as Nursing After-care Officer and attends the staff meetings held in the day hospital. She has played an essential role in revitalising the Out-patient Social Club which meets regularly on a Wednesday evening at the Nuffield Clinic.

In addition to those patients visited by Mr. Deighton and Mrs. Heller, other nursing staff of the Day Hospital have made one hundred and sixty visits – these are chiefly fact-finding visits to establish the reasons for non-attendance.”

(ii) SOCIAL WORK SERVICE

(a) *Mental Health Department: City of Plymouth.*

This department provides five experienced Mental Welfare Officers – Mr. C. Harrison, Mr. I. Landy, Mr. R. Brooks, Mr. E. Pegg and Miss P. Romans – whose work with the subnormals is supervised by those experienced in that field. In their work with the mentally ill there is direct contact with the psychiatrists.

Tables VII and VIII give details of the work of the Mental Welfare Officers with subnormal and severely subnormal patients. Dr. N. Matheson, the Senior Medical Officer in Mental Health, City of Plymouth, continues to be in charge of this aspect of their work.

TABLE VII

	1966			1965			1964			1963		
	M	F	T	M	F	T	M	F	T	M	F	T
<i>New cases notified:</i> As unsuitable for education at school or after leaving school ...	9	7	16	14	13	27	11	7	18	19	5	24
From other sources ...	22	17	39	6	5	11	2	5	7	6	7	13
TOTAL ...	31	24	55	20	18	38	13	12	25	25	12	37
<i>These were dealt with as follows:</i> Provided with community care ...	28	23	51	20	18	38	12	11	23	22	11	33
Admitted to Hospital for sub-normals ...	3	1	4	—	—	—	1	1	2	3	1	4

TABLE VIII

OTHER PATIENTS							1966	1965	1964	1963
Admitted to hospitals ...	...	...	...	...	...	...	33	13	24	31
Ceased to be under care ...	...	...	...	...	...	...	31	24	83	72
Died ...	...	...	...	...	...	...	8	6	7	15
Supervised on behalf of the Royal Western Counties Hospital whilst on leave in Plymouth ...							4	2	4	6

TABLE IX

The Mental Health Department were responsible for the following number of subnormal and severely subnormal patients:—

	1966			1965			1964			1963		
	<i>M</i>	<i>F</i>	<i>T</i>	<i>M</i>	<i>F</i>	<i>T</i>	<i>M</i>	<i>F</i>	<i>T</i>	<i>M</i>	<i>F</i>	<i>T</i>
Receiving Community Care ...	269	282	551	238	215	453	250	236	486	287	244	531
In Hospital ...	235	175	410	220	174	394	219	176	395	210	174	384
TOTAL ...	504	457	961	458	389	847	469	412	881	497	418	915

Tables X and XI give details of the work of the Mental Welfare Officers with the mentally ill.

TABLE X
Admissions to Hospital under the Mental Health Act, 1959

		1966		
		<i>M</i>	<i>F</i>	<i>Total</i>
Section 25	...	17	46	63
Section 26	...	3	4	7
Section 29	...	32	44	76
Section 60	...	1	—	1
Informal	...	49	41	90
TOTAL	...	102	135	237

TABLE XI
compares the 1966 figures above with the figures for the previous 5 years

<i>Year</i>	<i>Informal</i>	<i>Section 25</i>	<i>Section 26</i>	<i>Section 29</i>	<i>Section 60</i>	<i>Total</i>
1961 ...	118	61	3	87	4	283
1962 ...	107	31	2	120	5	265
1963 ...	91	58	8	108	4	269
1964 ...	110	56	6	100	—	272
1965 ...	98	54	8	99	7	266
1966 ...	90	63	7	76	1	237

At the beginning of December the Mental Welfare Officers, the Hospital Psychiatric Social Workers, joined Dr. Pilkington, Dr. Rees, Dr. Matheson and Dr. Weeks, at a meeting to discuss the future development of the social work service in the Mental Health Field. Arrangements were made for fortnightly meetings to be held at which referrals to the service would be recorded and discussed. It is still hoped that the establishment of Mental Welfare Officers will be increased at an early date. The need for effective social work is an essential part of the care and treatment of patients and families, both in hospital and in the community.

There were in Plymouth at the end of 1966 five hundred and fifty-one subnormal and severely subnormal patients living in the community under the care of the five Mental Welfare Officers and a further four hundred and ten patients were in hospital. With five officers serving the city each one has some responsibility towards one hundred and ninety-two patients varying from continuous and regular support in the community to providing the occasional home report for the hospital. This is in addition to his duties as a statutory officer and his work with the mentally ill. It is hoped that the meeting mentioned in the previous paragraph will produce conclusive evidence that the case loads should be reduced as soon as possible.

During 1966 a number of patients were referred to the Mental Welfare Officers who did not require admission to hospital. Twenty-seven male patients, fifty-three female patients, a total of eighty patients, were referred in this way and were dealt with as follows:

Out-patient department appointment	...	...	...	...	15
Referred to P.S.W.	...	...	...	...	2
Admitted to Day Hospital	...	...	...	...	14
No further action	...	...	...	...	33
Referred to Welfare Services	...	...	...	...	1
Referred to Probation Service	...	...	...	...	2
Referred to Child Care Officer	...	...	...	...	1
Admitted to Private Nursing Home	...	...	...	...	2
Admitted to Hostel for the Subnormal	...	...	...	...	1
Continued after care	...	...	...	...	6
Referred to G.P.	...	...	...	...	2
General Hospital	...	...	...	...	1
					—
					80
					—

(b) *Hospital Social Workers.*

Mr. C. H. Hobbs, Mrs. S. Chamney, Mr. D. Oakley, and Mr. M. Farley continued to provide daily sessions at the Nuffield Clinic. The total number of sessions per week was fourteen. The programme in fact, means that at least one of them is present in the Clinic every weekday. During 1966 they carried out 749 interviews with patients and/or relatives attending the Nuffield Clinic or the Out-patient Department at Freedom Fields Hospital.

As Mr. Hobbs has said: "Whatever social legislation is introduced the effectiveness of local community services depends not only on adequate finances, but the ability of personalities to work together at all levels, and for the community and its leaders to be in active sympathy with and acceptance of the desired objectives."

(iii) *Psychotherapy and Follow-up Clinics*

The number of medical sessions held during the period under review were as shown in table XII.

It should be noted that compared with the previous year the number of sessions was increased as from 1st November, 1966. The number of sessions per week from that date has been nineteen.

During the year there were 3,438 interviews given at the follow-up and psychotherapy sessions. At the psychotherapy sessions the patients treated were seen regularly once a week for at least thirty minutes at each interview.

TABLE XII

		<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
DR. PILKINGTON ...	A.M.						
	P.M.	N.C. (PT)	O.P.D.			O.P.D.	
DR. BLAIR ...	A.M.			O.P.D.			
	P.M.	N.C. (PT)					
DR. GILROY ...	A.M.						
	P.M.		O.P.D.	N.C. (PT)		N.C. (PT)	
DR. WEEKS ...	A.M.		N.C.				N.C.
	P.M.	N.C.			O.P.D.		
DR. MATTHEWS ...	A.M.						
	P.M.						
DR. NEVILLE ...	A.M.	N.C.			N.C.		O.P.D.
	P.M.		N.C.	N.C. (FU)			
DR. LILAUWALA ...	A.M.						
	P.M.					N.C. (FU)	
DR. DUNNE ...	A.M.						
	P.M.		N.C. (FU/DH)				
DR. WOOD ...	A.M.			O.P.D. (FU)			
	P.M.	Forensic Clinic (eve.)					
DR. PIERCE ...	A.M.						
	P.M.	O.P.D.			N.C. (FU)		
DR. SMITH ...	A.M.						
	P.M.					N.C. (FU)	
DR. KAY ...	A.M.						
	P.M.		N.C. (FU)				
DR. GUILLOCHON ...	A.M.						O.P.D. (ECT)
	P.M.				N.C. (FU)		
DR. SPENCER ...	A.M.						O.P.D. (ECT)
	P.M.				N.C. (FU)		

KEY: N.C. Nuffield Clinic

P.T. Psychotherapy

F.U. Follow-up

O.P.D. New cases – Freedom Fields Hospital

Further details of the FORENSIC CLINIC which started in February 1965 are given below by Dr. J. Wood (Senior Registrar):—

“During 1966, this clinic has continued to provide an opportunity for treatment, mainly of a psychotherapeutic nature, out of the normal working hours for patients whose illness has brought them into conflict with the law.

Thirty-nine patients were seen during the year for a total of one hundred and eighty interviews. Ten of the patients did not, in fact, come within the forensic category and were seen at this clinic for a variety of reasons the most common being, as with the forensic patients, that absence from work in order to attend the out-patient clinic was considered to be undesirable (only one of this group attended regularly throughout the year). The clinic is an evening one, starting at 5 p.m.

Of the twenty-nine patients coming within the forensic category, nine continued attending having started to do so in 1965. The remaining thirteen patients who were attending in 1965 are accounted for as follows: three were satisfactorily discharged; three were admitted to hospital; and eight discontinued attendance for reasons of their own.

Of the twenty-nine patients attending during 1966, twenty-two were male and seven female. New referrals were made mainly by other psychiatrists (thirteen patients), but seven patients were referred directly by the Probation Service.

The offences committed by the male patients fell mainly into two groups: sexual offences (ten patients) and larceny (seven patients); one patient whose offence was arson, and two out of three patients attending for preventive reasons also had serious sexual problems. One patient had forged prescriptions in order to obtain drugs to which he was addicted. Of the female patients, five had been guilty of shop-lifting, one of being repeatedly drunk and disorderly, and one, who originally attended the Children's Section, had been taken to court as being beyond parental control.

In the group of male patients anxiety was the most prominent psychiatric symptom in eleven cases, depression in five, obsessional symptoms in two, alcoholism in one, and in two cases there was no gross psychiatric abnormality. Four of the female patients were

suffering from depression with hysterical features and one had a psychopathic disorder with recurrent depression.

Twelve of the patients attending in 1966 have continued to do so in 1967. Of the remaining seventeen, nine discontinued attending for reasons of their own, two went to approved schools, two were admitted to psychiatric hospital and three were satisfactorily discharged.

The reliability of the patients (in attending) has appeared to improve in 1966 but is still less than that of patients attending the other out-patient clinics. The low rate of discharge with approval and high rate of self-discharge is also of interest, in comparison with the behaviour in this respect of non-forensic out-patients.

It appears the forensic clinic serves a useful purpose. However, its usefulness could be increased if more medical time was available to develop a closer liaison with the Probation Service."

During 1966 **seven hundred and fifty-four** new patients were seen at the Department of Psychological Medicine at Freedom Fields Hospital and in addition there were 1,260 re-attendances and forty-one psychotherapeutic interviews. Since 1963 nearly all the psychotherapeutic interviews and the re-attendances of discharged in-patients have been at the Plymouth Nuffield Clinic and for 1966 there were 3,438 interviews given.

(iv) *General Comments.*

During the year Mr. J. Holwell, Senior Clerk, has arranged all the appointments for the medical sessions in the adult department except for the Day Hospital sessions which are arranged by Dr. R. Neville and the nursing staff. Mr. Holwell has the assistance of a shorthand-typist, Mrs. M. Shaw, and a clerk, Miss J. Almasy. During the year Miss B. Solomon left us for domestic reasons and her place as telephone operator/filing clerk was taken by Miss M. Earl who has continued the high standard established by her predecessor.

It was hoped that during 1966 the research work which was started in 1960 by the Medical Research Council would be ready for publication but for technical reasons the final results are not yet available. An analysis of the out-patient service only has so far been published.

A Paper – “Group Methods of Treatment in Psychiatric Nursing” – by Dr. R. Neville and Mr. D. Lowman was published in the *Nursing Mirror* in December 1966. In this paper Mr. Lowman (Assistant Chief Male Nurse) describes the organisation of Ward meetings in the Day Hospital at the Nuffield Clinic where he was previously a charge nurse.

Prior to the opening of the Nuffield Clinic the Local Authority Mental Health Service kept case records of its subnormal patients, together with minor details of mentally ill patients referred to Mental Welfare Officers. Out-patient records for mentally ill patients were kept at the General Hospital. When the clinic was nearing completion, after consultation with Records Officers from the King's Fund Hospital Administrative Staff College, it was decided that all psychiatric notes should be kept at the Nuffield Clinic. All the existing Local Authority notes were perused and those thought to be 'current' were given miscellaneous numbers. The General Hospital psychiatric notes were amalgamated with any existing notes. The Child Guidance Clinic notes and those mentioned above were absorbed into the system and one index card was made out for every case record. These index cards form the master index which is kept in the Adult Department Office. When more than one member of a family is known to the clinic, the index cards are cross referenced. When a patient is seen at the Nuffield Clinic in any connection – individual psychotherapy sessions, follow-up sessions, by Mental Welfare Officers, Psychiatric Social Workers, attending the Day Hospital or being seen in the Children's Section, a Nuffield Clinic folder is made out together with an index card. The folder contains all the relevant psychiatric notes and reports, previously contained in the miscellaneous file. Relevant notes include out-patient notes, mental welfare officer's notes, psychiatric social worker's reports, follow-up reports and hospital discharge letters. General Hospital notes are clearly marked that psychiatric notes are available at the Nuffield Clinic and will be sent to other medical staff on request – the psychiatrist in charge of the case is always asked first. When a patient is admitted to the psychiatric hospital the daily list of admissions is telephoned through to the Nuffield Clinic and any notes held at the clinic are sent to the hospital. These notes are returned together with a discharge letter when the patient leaves hospital. A copy of every discharge letter is sent to the clinic regardless of the address

on discharge. The details of these letters are included in the Master Index. In a similar manner when the General Hospital prepare their psychiatric out-patient clinics for new referrals they request the clinic for any previous notes. The system depends on the co-operation we receive from Miss Bowtell at Freedom Fields Hospital and the medical secretaries at Moorhaven Hospital. Without this co-operation the system would not work.

In November, 1966, the Plymouth City Council approved the recommendation that Mr. E. Pegg, Mental Welfare Officer, should be seconded on full pay to enable him to attend a one-year full-time course at the Bristol College of Commerce for the certificate in social work, the course commencing in August, 1968.

(3) CHILDREN'S SECTION

The number of medical sessions provided is given in Table XIII.

The Report for 1966 for this Section has been written by Dr. Peter Matthews, Consultant Child Psychiatrist, who joined the staff in July.

Dr. Matthews reports as follows:—

“1966 has seen the number of referrals to the Children's Section return to *four hundred and ten*; the maximum number recorded in any one year to date. It must be realised, however, that this still only represents a very small segment of the child population which is in need of some form of assistance with emotional or educational problems.

The year has seen the arrival of our third Psychiatric Social Worker, Mrs. Doris Creber, in June, and the loss of Miss Jean Surie, who was a very useful and able student on a pre-diploma year's work. She went to the University of Newcastle to complete her training as a psychiatric social worker.

1966 has also seen in July the arrival of the Consultant Children's Psychiatrist, Dr. Peter Matthews. At this time there was a slight contraction in the amount of time given by Dr. K. Weeks and Dr. J. Gilroy. The amount of consultant time in the section has, however, now been increased to thirteen sessions weekly. Moorhaven Hospital continues to supply junior doctors and their distribution of time can be seen on the clinic time table given in Table XIII.

TABLE XIII

		<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
DR. PILKINGTON ...	A.M.						
	P.M.						
DR. BLAIR ...	A.M.						
	P.M.						
DR. GILROY ...	A.M.						
	P.M.	N.C. (CH)			N.C. (CH)		
DR. WEEKS ...	A.M.				N.C. (CH)		
	P.M.		N.C. (CH)			N.C. (CH)	
DR. MATTHEWS ...	A.M.	N.C. (CH)	N.C. (CH)	N.C. (CH)	N.C. (CH)		M.H. &/or N.C. (CH)
	P.M.	N.C. (CH)	N.C. (CH)	M.H. &/or N.C. (CH)	N.C. (CH)	F.F. &/or N.C. (CH)	
DR. NEVILLE ...	A.M.						
	P.M.						
DR. LILAUWALA ...	A.M.						
	P.M.		N.C. (CH)				
DR. WOOD ...	A.M.		N.C. (CH)		N.C. (CH)		
	P.M.	N.C. (CH)				N.C. (CH)	
DR. PIERCE ...	A.M.						
	P.M.			N.C. (CH)		N.C. (CH)	
DR. SMITH ...	A.M.						
	P.M.				N.C. (CH)		
DR. KAY ...	A.M.	N.C. (CH)					
	P.M.						

KEY: M.H. Moorhaven

F.F. Freedom Fields Hospital

There has been no change this year in the psychologists' establishment but next year with the impending absorption of the Plympton and Plymstock areas into Plymouth there will be an increased work load and it will become necessary to ask for another psychologist, who could also help in better screening of the backward children. 1967 will also see the commencement of our long-awaited Remedial Teacher, and this will undoubtedly put a great deal of pressure upon the available space in the clinic. Thoughts, therefore, should be given to possible expansion.

TABLE XIV

	<i>At</i> <i>31.12.66</i>	<i>At</i> <i>31.12.65</i>	<i>At</i> <i>31.12.64</i>	<i>At</i> <i>31.12.63</i>	<i>At</i> <i>31.12.62</i>
On Treatment Waiting List	6	15	18	19	30
On Diagnostic Waiting List	46	78	71	39	25
	<i>Year</i> <i>1966</i>	<i>Year</i> <i>1965</i>	<i>Year</i> <i>1964</i>	<i>Year</i> <i>1963</i>	<i>Year</i> <i>1962</i>
New Referrals	410	359	410	327	306
Cases given Full Clinical Investigation	252	190	246	210	219
Individual Treatment Interviews	1,746	1,895	1,402	1,194	1,125
Clinical Interviews by Psychologists	347	210	200	169	236
Home Visits by P.S.Ws ...	287	247	296	144	174
Cases closed	121	151	98	110	127
Cases undergoing Social Supervision	130	110	98	96	85

From Table XIV it will be seen that the Diagnostic Waiting List has been drastically reduced since 1965, but it is to be recorded that

TABLE XV

	1965	1964	1963	1962	1961
Family Doctors	115	126	108	93	78
School Medical Officers	76	75	47	68	72
Juvenile Courts and Probation Officers	32	30	42	52	41
Other Consultants	57	59	43	49	40
Head Teachers	14	27	24	16	22
Children's Officers	16	24	20	8	14
Director of Education	7	21	11	1	2
Parents	14	20	14	9	10
M. & C.W.	2	5	—	1	1
Miscellaneous	26	23	18	9	2

	1966
Family Doctor	130
School Medical Officers	67
Magistrates	43
Probation Officers	4
Pædiatricians	44
Other Consultants	9
Schools	78
Children's Officers	14
Parents	16
M. & C.W.	4
Miscellaneous	1
TOTAL	410

TABLE XVI

	1965	1964	1963	1962	1961
Behaviour Disorder	132	194	162	137	122
Anxiety (various manifestations) ...	56	50	43	28	54
Enuresis	34	37	15	19	40
Educational Problem	27	29	21	17	11
Delinquency	31	29	41	44	29
Encopresis	6	14	5	10	5
Truanting	2	7	17	3	6
Hysteria	7	1	2	6	3
Sub-normality	—	—	2	1	1
Miscellaneous	64	49	10	41	11

					1966
Behaviour Disorders ...	...	...	...	...	200
Stealing ...	...	...	...	...	46
Care and Protection ...	...	...	...	...	14
Sexual Offences ...	...	...	...	...	4
Running Away ...	...	...	...	...	4
Educational Difficulties	...	...	...	...	25
School Refusal ...	...	...	...	...	19
Backwardness ...	...	...	...	...	8
Asthma/Eczema ...	...	...	...	...	15
Anxiety State ...	...	...	...	...	9
Severe Depression ...	...	...	...	...	2
Phobias ...	...	...	...	...	5
Tics ...	...	...	...	...	1
Speech Disorder ...	...	...	...	...	4
Psychosomatic Symptoms					
(a) Headaches ...	...	...	...	...	1
(b) Abdominal Pain and Vomiting					7
(c) Enuresis ...	...	...	...	...	22
(d) Encopresis ...	...	...	...	...	8
? Psychotic (strange behaviour)				...	3
Miscellaneous ...	...	...	...	...	13
TOTAL	...	...	...	...	410

this still means a two-months' delay for non-urgent cases. Attempts will be made to bring this to a more realistic figure next year. The number of referrals includes one hundred and four Devon cases, but does not include cases which are seen for treatment at the clinic referred from the South-East corner of Cornwall. There are nine of these, although neither psychologist not psychiatric social worker time for them is supplied by Plymouth.

Table XV has been amended this year to show more clearly whence we receive our children. Some exploratory work has been done with other social agencies to try to improve the contact with this section and these various agencies and it is to be hoped these contacts will produce some changes in next year's table.

Again the format of table XVI has been changed in order to show in rather greater detail the work dealt with by the clinic. The behaviour disorder could be analysed in greater detail, but this would make for a very unwieldy table.

AGE DISTRIBUTION

For the next two or three years there will be two figures: one in the form of the table which has appeared for the last five years and a second in histogram form. This latter table shows the number of children in each year of age.

TABLE XVII

<i>Year</i>	<i>Under 5 years</i>	<i>5 to 7 years</i>	<i>7 to 9 years</i>	<i>9 to 11 years</i>	<i>11 to 13 years</i>	<i>13 to 15 years</i>	<i>Over 15 years</i>	<i>Total</i>
1965	44	46	55	67	57	58	32	359
1964	24	48	72	81	63	73	49	410
1963	26	39	43	65	44	82	28	327
1962	31	40	42	62	41	59	31	306
1961	16	38	43	49	47	61	28	282



EDUCATION

Throughout the year lectures have been given by members of the clinic staff to various local organisations and to professional staff in training on the function and particular aspects of the work of the Children's Section. Students have been accepted from Exeter University and the Plymouth College of Technology, supervised by two of our social workers; health visitors and student nurses have been welcomed to the clinic for lectures and demonstrations and it is to be hoped that this work will be continued and expanded in 1967.

MALADJUSTMENT

Throughout this year considerable interest has been displayed in the problem of maladjustment in schools. The clinic has contributed seven members to a working party on maladjusted children which meets monthly and has now drafted recommendations for the provision of special education for maladjusted children in Plymouth. Two classes for the maladjusted between the ages of seven and nine have been started at Stuart Road School, under the ægis of the clinic and the two teachers have made an excellent start in their work, although the numbers in the classes are increasing slowly.

FUTURE PLANS

It is evident that the section cannot really function properly without the provision of certain other facilities. These include a centre for the daily treatment and observation of children of varying ages in groups and as individuals; a hostel to accommodate all children who up to now have been sent away from home by the Education Authority for schooling; and classrooms for a remedial teaching programme.

Next year punch cards are to be used to record clinical data so that much more case material will become available for research purposes. We also look forward to the provision, in the fairly near future, of the Regional Hospital Board's Adolescent In-patient Unit at Didworthy Hospital. Similar plan for in-patient treatment of children is envisaged at Bodmin, in conjunction with St. Lawrence's Hospital. Eventually a complete range of facilities may be offered to the children with emotional difficulties.

During the year greater demands have been made on the two educational psychologists, Mr. P. Ace and Mr. A. Paddon, and the

psychiatric social workers, Miss M. Anderson, Mr. S. Webb and Mrs. D. Creber, and on the office staff Miss E. Weeks and Miss C. Webb.

(4) CONCLUSIONS

In 1967 we look forward to further consideration being given to the establishments of the various types of mental health workers, in particular to the mental welfare officers and the educational psychologists.

There is a real need for hostels for mental illness patients. Though the City of Plymouth has no firm plans as yet to provide any, the need is acknowledged, and it is hoped that before long we shall have this additional means of hastening our progress towards community care.

As regards community care, the position is well summarised in "Health and Welfare 1963" in paragraph 82, which states 'the purposes of the services in the community for the mentally disordered is to help them to live as nearly normal lives as the nature and extent of their disabilities allow. With suitable support and training even severe disabilities can often be overcome sufficiently for the patient to become independent. Many will need some help throughout their lives: but the object is always to give each the utmost opportunity to develop his potentialities. Accordingly, the mental health services provide help in all the main aspects of ordinary life, in the home and at work'.

We look forward to next year with the knowledge that 1966 has been a year of steady progress and I conclude with sincere thanks to all the staff of the clinic. Many people, both in the psychiatric service and from other disciplines, have helped us during the fourth year's working of the clinic. Throughout the year we have received the encouragement and support of the Joint Management Committee for which we are very grateful.

KENNETH F. WEEKS,
Medical Director.

Welfare Services

Senior Welfare Services Officer

H. J. PATERNOSTER

Accommodation The accommodation now provided under Part III of the National Assistance Act, 1948, is:

Wolseley Home	...	...	...	...	43 males	56 females
"Glenfield"	...	...	...	...	27 females	
"Brightside"	...	...	...	...	26 males	
"Ingleside"	...	...	...	...	30 females	
"Lakeside"	...	...	...	...	36 mixed	
Cross Park House	...	...	...	...	32 mixed	
Whitleigh Home	...	...	...	...	41 mixed	
Granby Way	...	...	...	...	40 mixed	
"Outlands"	...	...	...	...	62 mixed	
TOTAL					393	

Since "Outlands" was opened in September, 1965 it has been filled to capacity, and sometimes in cases of emergency an extra bed has had to be provided.

In December commencement was made on the new home for elderly persons of both sexes, Mulgrave Street, to provide accommodation for 40 residents, and it is hoped that this will be ready for occupation by the end of 1967.

The number of admissions of persons from the waiting list is shown below:

					1965	1966
Admissions from waiting list	...	...	...	...	113	133
Admissions (Emergencies)	...	...	...	...	38	35
Number of persons on waiting list at end of year	...	...	...	...	118	176

Registration of Homes Under Section 37 of the National Assistance Act, 1948, all Old Persons' and Disabled Persons' Homes must be registered with the local authority.

The undermentioned homes are so registered:

	<i>Accommodation</i>
St. Joseph's Home, Hartley ...	116 residents (mixed)
"Rosemont", Wingfield Villas ...	24 residents (mixed)
Torr Home for the Blind	66 residents (mixed)
The Mount, Lipson	32 females
Widey Grange, Widey Lane, Crownhill	14 females
8 Apsley Road, Mutley	24 residents (mixed)
10 Whitefield Terrace, Greenbank Road	14 females
"Dewi-Sant", 32 Egguckland Road	17 females
28 Seaton Avenue, Mutley	10 residents (mixed)
Astor Hall for the Disabled, Stoke ...	30 residents (mixed)
Cann House, Tamerton Foliot, Plymouth (Cheshire Foundation Home for the Sick)	35 residents (mixed)
'Clivedon', 3 Cross Park, Tavistock Road, Hartley. (Plymouth Spastics Association—Home for Spastics) ...	10 residents (mixed)

The homes are visited as regularly as possible, and there were three homes registered during 1966.

Boarding-out Scheme The Boarding-out Scheme of the Plymouth Guild of Social Service provides a most useful contribution in the care of the elderly. It also assists the local authority to a large extent, as many of the old people boarded out would have been forced to seek residential accommodation in the Council's homes. At present 124 persons are boarded out.

Burials It is the duty of the local authority under Section 50 of the National Assistance Act, 1948, to arrange the funeral and cremation of any person who has died, or has been found dead in this area, in circumstances where it appears to the authority that no suitable arrangements for the disposal of the body have been made.

The Plymouth City Council undertook 36 burials of this type during the year, in most cases relieving the families concerned of financial responsibility which they would have found quite impossible to meet. Applications are made in such cases to the Ministry of Social Security for any portion of death grant due in respect of the deceased person, in order to keep the financial liability to the Corporation to the minimum. From observations which have been made from time to time in the arrangements for conducting the funerals of such persons, it is pleasing to report that these are carried out in a most reverent and efficient manner.

**Female
Itinerants**

The local authority is required by the Ministry of Social Security to provide accommodation for female persons without a settled way of living in the event of their arriving in the City. During the year one such female was accommodated at Wolseley Home. The numbers are appreciably diminishing over the years, but Wolseley Home is constantly being used for homeless and evicted families, mostly with mothers and sometimes two or three young children who are admitted as a matter of emergency during the weekend.

WELFARE OF THE BLIND

The Local Authority is continuing to carry out its functions for promoting the welfare of blind persons who are resident in this area under Section 29 of the National Assistance Act, 1948. New registrations during the year were 63 blind and 17 partially sighted. It will be seen from the table (page 112) that 87 per cent of the registered blind are now over the age of 50 years. On the 31st December, 1966, the total number of registered blind was 447 and registered partially sighted was 93.

The three Home Teachers of the Blind who visit cases in their own districts have socials and handicraft classes at church halls in their area. These take place at Sherwell Congregational Church, the Pilgrim Congregational Church, Devonport, and also at the hut adjoining the Garrison Church, Crownhill. These functions are greatly appreciated by the blind, who look forward to attending them as often as they can, and in addition to the amenities thus provided, private coach outings are arranged for the benefit of the blind in each of the Home Teacher's districts.

The happy liaison between the South Devon and Cornwall Institute for the Blind, Stonehouse, Plymouth, the Blind Aid Society and the Plymouth City Council continues to exist. Both these organisations assist blind persons financially from their voluntary funds when money cannot be obtained from the Ministry of Social Security, which is greatly appreciated by the blind people.

There are 22 journeymen and 1 part-time journeywoman employed at the Blind Institution. There are also three male Home Workers (piano tuners) and one female Home Worker (Braille copyist).

OPHTHALMIA NEONATORUM

Total number notified in 1966	...	1
Number (a) vision lost	...	0
(b) vision impaired	...	0
(c) treatment continuing		
at end of year	...	0

WELFARE OF THE BLIND—REGISTRATION

Year ended 31st December, 1966

TABLE I—AGE PERIODS OF REGISTERED BLIND PERSONS

	0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 and over	Un-known	Total
Male	-	-	-	1	-	2	1	3	6	6	11	19	15	25	40	18	15	9	-	171
F'male	-	-	-	-	-	1	1	2	4	7	11	33	19	26	66	45	34	27	-	276
Total	-	-	-	1	-	3	2	5	10	13	22	52	34	51	106	63	49	36	-	447

FOLLOW-UP OF REGISTERED BLIND AND
PARTIALLY SIGHTED PERSONS

CIRCULAR 2/53

	CAUSE OF DISABILITY			
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrolental Fibroplasia</i>	<i>Other</i>
(i) Number of cases registered during the year in respect of which Section F of Forms B.D.8 recommends :				
(a) No treatment ...	7	2	1	19
(b) Treatment (medical surgical or optical) ...	14	10	—	27
(c) Educational ...	—	—	—	—
Total	21	12	1	46
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	13	10	—	27

WELFARE OF THE PHYSICALLY HANDICAPPED

The Register The number of new cases reported to the department together with the numbers on the register for the last three years are as follows:

	1964	1965	1966
New Cases	181	135	113
Register at December 31st ...	730	806	870

Analysis of the new cases and the total register for 1966 are shown in Tables I and II respectively.

Home Visiting 1,615 visits were made during the year. 372 problems were dealt with as follows:

Housing	...	...	...	...	...	...	46
Residential accommodation	...	...	...	...	...	...	15
Training and employment	...	...	...	...	...	...	15
Re-adjustment, handicrafts and social activities	...	...	...	...	...	...	28
Social problems	...	...	...	...	...	...	16
Modifications, aids and adaptations	...	...	...	...	...	...	177
Financial and material assistance	...	...	...	...	...	...	16
Other general problems	...	...	...	...	...	...	59
							<hr/> 372 <hr/>

Aids and Modifications 88 cases were assisted with aids and modifications during the year, the approximate cost of this assistance being £770, of which £77 was recoverable from those assisted.

Diversional Employment At the end of the year 202 cases were receiving occupational therapy and handicraft instruction as follows:

In own homes	...	...	...	...	...	...	49
In handicraft classes	...	...	...	...	...	...	54
In old people's homes	...	...	...	...	...	...	99

Classes continued to be held every afternoon at the occupational centre at Beaumont Hut, the average attendance being 20 per session, 15 of these being brought by ambulance.

The total value of goods completed under diversional employment was £1,329, the figures for the three previous years being £1,067 in 1963, £1,107 in 1964, and £1,295 in 1965.

Just over half of this amount represented sales at the shop at Frankfort Gate.

Of the £1,329, approximately £997 represented recovery of cost of materials, the remaining £332 being profits returned to the patients.

Remunerative Employment Five persons were employed on leatherwork preparation and the making of plywood bases for canework during the year. The estimated value of all the articles produced was £250 whilst payments to individuals at piece rates totalled £58.

Disabled Drivers and Passengers Identification labels continued to be issued during the year for drivers who have severe difficulty in walking and the same facilities continued to be extended to disabled passengers who experience the same disability.

Residential Accommodation At the end of the year 35 registered handicapped persons were being maintained in local and national residential centres including 12 in the Council's own homes.

TABLE I
NEW CASES ADDED TO THE REGISTER OF HANDICAPPED PERSONS DURING 1966

DISABILITY CATEGORIES	EMPLOYMENT CAPABILITIES								TOTALS	
	Ordinary Conditions		Sheltered Employment		Home Employment only		Incapable of Work		Children under 16	
Amputation	M	F	M	F	M	F	M	F	M	F
	—	—	1	—	—	—	2	3	—	3
Arthritis	1	—	2	—	—	—	5	33	—	33
Congenital malformation ...	—	—	—	—	—	—	—	1	1	2
General diseases of the chest, heart, digestive system, etc. ...	—	—	—	—	—	—	2	7	—	7
General physical injuries ...	—	—	—	—	—	—	1	7	—	7
Organic nervous disorders ...	1	—	2	—	—	—	16	20	2	20
Nervous and Mental disorders ...	—	—	—	—	—	—	—	—	—	—
Respiratory Tuberculosis ...	—	—	—	—	—	—	1	—	—	—
Non-respiratory Tuberculosis ...	1	—	—	—	—	—	—	—	—	—
Other diseases	—	—	—	1	—	—	1	—	—	1
TOTALS ...	3	—	5	1	—	—	28	71	3	74

TABLE II

REGISTER OF HANDICAPPED PERSONS AS AT 31ST DECEMBER, 1966

DISABILITY CATEGORIES	EMPLOYMENT CAPABILITIES										TOTALS	
	Ordinary Conditions		Sheltered Employment		Home Employment only		Incapable of work		Children under 16			
	M	F	M	F	M	F	M	F	M	F	M	F
Amputation	17	—	8	—	1	—	24	19	1	—	51	19
Arthritis	7	—	7	—	2	2	46	167	—	—	62	169
Congenital malformation ...	8	—	4	3	—	1	7	13	3	3	22	20
General diseases of the chest, heart, digestive system, etc.	8	—	7	2	3	—	36	34	—	—	54	36
General physical injuries ...	8	2	6	—	2	1	18	34	1	—	35	37
Organic nervous disorders ...	26	6	22	13	4	6	86	115	7	2	145	142
Nervous and mental disorders	1	1	1	—	—	1	2	6	—	—	4	8
Respiratory Tuberculosis ...	2	—	4	—	4	—	7	2	—	—	17	2
Non-respiratory Tuberculosis	4	1	2	—	1	—	3	5	—	—	10	6
Other diseases	4	1	4	1	—	—	9	7	1	4	18	13
TOTALS ...	85	11	65	19	17	11	238	402	13	9	418	452

WELFARE OF THE DEAF AND DUMB

The following table shows the state of the Register at 31st December, 1966:

	<i>Under 16</i>	<i>16-29</i>	<i>30-49</i>	<i>50-64</i>	<i>65 and over</i>	<i>Total</i>	
	<i>M F</i>	<i>M F</i>	<i>M F</i>	<i>M F</i>	<i>M F</i>	<i>M</i>	<i>F</i>
Deaf with speech ...	12 4	5 4	14 10	4 6	4 4	39	28
Deaf without speech	12 7	9 10	10 13	14 14	3 7	48	51
Hard of hearing ...	6 3	6 16	9 28	14 50	4 15	39	112
GRAND TOTAL						126	191

No visits were made to the deaf and hard of hearing during the year, but contact was maintained with the Deaf and Dumb Mission, the Hartley House School for the Deaf and the Hard of Hearing Club.

NATIONAL ASSISTANCE ACTS, 1948 & 1951

REMOVAL OF PERSONS NEEDING CARE AND ATTENTION

During 1966 it was not necessary to apply to the Magistrates' Court under the powers given by these Acts for authority to move any elderly person in need of care and attention to a residential home or hospital.

CHIROPODY SERVICE

The Local Authority Scheme began in August, 1960. Treatment is given in Local Authority clinics and also in the patient's home when necessary. A whole-time salaried chiropodist commenced duties in January, 1965, and two local chiropodists are paid by the session for work at clinics and by a fee per visit for domiciliary work.

Those eligible for treatment are men aged 65 years and over and women aged 60 and over whose incomes do not exceed the amount of the national retirement pension or who receive Ministry of Social Security supplementary Benefit. The patient is charged 3/6d. for a treatment at a clinic and 4/6d. for a treatment at home.

During 1966, clinics were held and patients treated, as follows:

Number of Clinics held	...	...	...	245
Number of Persons Attending clinics			...	338
Number of Treatments Given in clinics			...	1,873
Number of Persons Treated at home			...	225
Number of Domiciliary Treatments given			...	1,443

Separate arrangements are made for residents in the Authority's Welfare Homes who require chiropody treatment and the numbers so treated are not included in the figures shown above.

Approximately 2,000 treatments were given in the Homes.

Ambulance Service

Ambulance Officer: MR. R. SAMPSON

Use of the Service

For the first time since 1959 there was a reduction in both the number of patients carried and miles travelled, one of the causes being that as from 30th June we ceased to undertake, on behalf of Cornwall County Council, the conveyance of patients suffering from infectious diseases. This, however, is not a true reflection of the work actually carried out as, despite the decline in the number of patients, there has been an increase in the number of persons requiring the help of two ambulance men amounting to 1,152 patients. This is reflected in the work availability of men by the fact that, on an average, one man single-handed can collect from homes and take to hospitals six patients in one and a quarter hours, but where the patient is able to sit up but requires carrying by two men, it would take two men two and a quarter hours. Patients who are 'stretcher' cases take even longer and invariably mean that only one patient at a time can be carried.

With the enlargement of the Radiotherapy Department at Freedom Fields Hospital the number of out-patients conveyed to this place increased considerably – mostly double-handed. The work of this department is growing and greater demands will be made upon the Service in future.

There were two road journeys to London and eleven to Bristol. This again means that men are away from Plymouth for long periods which has an adverse effect on the amount of work which can be carried out.

Six patients were taken by helicopter to Bristol. Patients sent by rail amounted to 292 with an approximate mileage of 49,231. This is a decrease of one patient and an increase of 5,646 miles. We are again very appreciative of the efforts of the staff of British Rail at Plymouth Station.

TOTAL PATIENTS AND MILEAGE

ROAD JOURNEYS:				PLYMOUTH	DEVON	CORNWALL	TOTAL
Ordinary Removals	...			79,585	76	36	79,697
Mileage	...	...	...	265,782	2,635	1,891	270,308
Accidents and Emergencies				4,077	—	—	4,077
Mileage	...	...	...	19,559	—	—	19,559
Welfare cases	...	...		16,506	—	—	16,506
Mileage	...	...	...	36,595	—	—	36,595
Total Patients				100,168	76	36	100,280
Total Mileage				321,936	2,635	1,891	326,462
RAIL JOURNEYS				275	—	17	292

Approximate total rail mileage travelled by patients 49,231

Average miles per patient 168.6

The Service continues to accept calls at night for the Plympton and Tavistock areas of Devon County and to transmit same by telephone to their ambulance drivers who are on 'Stand-by' at their homes.

Vehicles One ambulance and two dual-purpose vehicles were replaced during the year and two additional dual-purpose vehicles were purchased. The total strength of the fleet now is 17 ambulances and 6 dual-purpose vehicles.

Staff At the end of the year there were 61 full-time driver/attendants. I wish to pay tribute to my officers, control room staff, driver/attendants and mechanics, the latter being responsible for the maintenance of 50 vehicles. Once again I must point out that I only have the same administrative staff as I had in 1948 but find that, with increasing staff and the vast increase in work since 1948, there is less chance each year of organising any training or getting out and visiting hospitals, etc.

The number of hours of voluntary duty rendered by the St. John Ambulance Brigade was 1,164 for men and 291 for women. This help is greatly appreciated and a special mention must be made regarding those who undertake, often at extremely short notice, the escorting for long distances of patients by rail. This work is very tiring at times and often requires a great deal of tact and patience.

General

The Service continues to be responsible for the following additional duties:—

- (1) accepting calls for the Port Medical Officers outside normal office hours;
- (2) receiving and dealing with emergency calls for midwives at all times;
- (3) receiving and dealing with all calls made on the Corporation telephone exchange between the hours of 10 p.m. and 7 a.m.

Civil Defence

The Ambulance Section of the Plymouth Civil Defence Corps participated in five exercises during the year.

These were as follows:—

- (a) three half-day exercises with other sections of the Corps, one of which was on Dartmoor and involved the use of dogs for searching for patients and transport of the latter by helicopter;
- (b) one night exercise commencing at 10 p.m. on Saturday and terminating at 2 p.m. on Sunday. This was chiefly a mobilising and movement exercise;
- (c) one weekend exercise with other sections of the Corps.

Lectures on welfare, signal, and rescue techniques were given to the section by specialists.

AMBULANCE SERVICE

TABLE SHOWING TOTAL PATIENTS AND MILEAGE OVER THE LAST FIVE YEARS

YEAR	PLYMOUTH		DEVON		CORNWALL		TOTAL	
	<i>Patients</i>	<i>Mileage</i>	<i>Patients</i>	<i>Mileage</i>	<i>Patients</i>	<i>Mileage</i>	<i>Patients</i>	<i>Mileage</i>
1962	75,519	255,678	176	6,428	68	2,455	75,763	264,561
1963	84,912	284,612	121	4,217	86	2,907	85,119	291,736
1964	92,124	303,905	157	5,210	69	2,906	92,350	312,021
1965	100,608	324,157	147	5,367	74	3,266	100,829	332,790
1966	100,168	321,936	76	2,635	36	1,891	100,280	326,462

AVERAGE MILES PER PATIENT

1956	...	3.932
1961	...	3.420
1966	...	3.255

Plymouth Port Health Authority

REPORT OF THE PORT MEDICAL OFFICER

DR. T. A. I. REES

General This Report is in the form and sequence prescribed for Annual Reports of Medical Officers of Port Health Authorities by the Ministry of Health, Form Port 20, dated October, 1952.

A detailed report was made for 1965 and where there has been no change in arrangements in 1966 this is indicated under the appropriate section.

SECTION I – STAFF

DR. T. PEIRSON, M.D., M.R.C.S., L.R.C.P., D.P.H.

Port Medical Officer, retired 3rd May, 1966.

DR. T. A. I. REES, B.Sc., M.B., B.Ch., D.C.H.,

D.Obst. R.C.O.G., D.P.H., D.I.H.

appointed Port Medical Officer 9th May, 1966.

SECTION II

AMOUNT OF SHIPPING ENTERING THE DISTRICT DURING THE YEAR

TABLE B

<i>Ships from</i>	<i>Number</i>	<i>Tonnage</i>	<i>Number Inspected</i>		<i>Number of ships reported as having or having had during the voyage, infectious diseases on board</i>
			<i>By the Medical Officer of Health</i>	<i>By the Port Health Inspector</i>	
Foreign Ports	743	444,584	8	665	Nil
Coastwise	1,153	769,438	2	909	Nil
TOTAL	1,896	1,214,022	10	1,574	Nil

There was a decrease of 106 ships and tonnage of 155,796 entering the port compared with 1965.

SECTION III

CHARACTER OF SHIPPING AND TRADE DURING THE YEAR

TABLE C

Passenger Traffic	Number of Passengers INWARDS	....	2,524
	Number of Passengers OUTWARDS	....	1,952

The total number of passengers remaining on board passenger-carrying vessels entering the Port of Plymouth (exclusive of those shown above) was 1,173.

There were decreases of 46 passengers landing and 469 passengers embarking during 1966.

PRINCIPAL IMPORTS

Foreign

Cargo Traffic

Preserved meat and cheese from Holland.
Fresh fruit and vegetables from Holland, France and Spain.
Timber from Canada, Sweden, Poland, Russia and Finland.
Grain from Canada, Holland and France.
Fuel oils from the Persian Gulf and West Indies.
Agricultural machinery and paper pulp from Sweden.
Fertilisers from Holland and Germany.
Matches, wines and spirits from Holland and Sweden.
Tinned and dried milk from Holland.
Breeding cattle from France.
Fresh fruit from Cyprus.
Confectionery from Holland.
Phosphates from Sfax.
Oyster shell from the Continent.

Coastal

Coal from South Wales and North-East Ports.
Petrol, oil and paraffin from Fawley, Hamble, Milford Haven and Swansea.
Fertilisers from London and Immingham.
Cement from London.
Potatoes from Northern Ireland.

Cooking fats, tinned fruit, vegetables, meat and fish, confectionery,
sugar, nuts and molasses from Liverpool.

Grain from Avonmouth and Isle of White.

Sand and gravel from Southampton.

Tar from Jersey.

Gypsum and peat moss from Ireland.

Imports fell by 25,516 tons from 1,267,773 in 1965 to 1,242,257 in 1966. Exports increased by 33,177 tons from 354,595 in 1965 to 387,722 in 1966. There was an increase of 49,000 tons in the export of china clay. The total cargo tonnage handled by the port increased by 7,611 tons to 1,629,979.

PRINCIPAL EXPORTS

China Clay

Granite chippings.

Scrap metals.

Fertilisers.

Broken glass.

Coke and coke breeze.

Barley.

PRINCIPAL PORTS FROM WHICH SHIPS ARRIVE

<i>Asia and Australasia</i>	<i>Europe</i>	<i>America</i>	<i>Africa</i>
Abadan Aden Singapore	Le Havre Kotka Amsterdam Antwerp Rotterdam Rouen Brest Bremerhaven Caen Ghent Hambourg Gothenburg Vigo Bremen St. Malo Rieme Morlaix Gibraltar Malta	Brazil Halifax Port Alberin Trinidad Vancouver Victoria B.C.	Algiers Sfax

SECTION IV

INLAND BARGE TRAFFIC

There is no inland barge traffic at the port.

SECTION V

WATER SUPPLY

No change

SECTION VI

PUBLIC HEALTH (SHIPS) REGULATIONS, 1966

No change.

SECTION VII

SMALLPOX

(1) *Isolation hospitals available.*

The first case or cases would be admitted to the Smallpox Hospital, Liskeard, Cornwall (Telephone: Liskeard 2385), staffed from the Scott Isolation Hospital, Beacon Park Road, Plymouth (Telephone 51437). Consultant Physician: Dr. G. R. Steed.

Should it appear likely that more extensive accommodation would be required, arrangements would be made for the Lee Mill Smallpox Hospital, at present used for geriatric cases, to be re-opened as a Smallpox Hospital.

(2) *Arrangements for the transport of cases to hospital.*

The launch *Argus* of the Plymouth Port Health Authority, based at Millbay Docks, Plymouth (Telephone: Plymouth 68000, Extn. 2229 by day and Plymouth 68000, Extn. 2129 at night and weekends) is available to transport cases from ship to shore. The launch is equipped with a radio transmitter and receiver linked to the Plymouth Ambulance Headquarters.

Ambulances of the Plymouth City Council's Ambulance Service (Telephone: Plymouth 64101), are available to transport cases to hospital.

(3) *Smallpox consultants.*

Dr. W. H. St. John-Brooks	Office Telephone: Penzance 2382
West Cornwall Hospital	Home Telephone: Cockwells 356
Penzance, Cornwall	
Dr. J. Macrae	Office Telephone: Bristol 31165
Ham Green Isolation Hospital	
Ham Green, Bristol	

(4) *Facilities for the laboratory diagnosis of smallpox.*

Materials for the collection of specimens from suspected cases are always available at the Port Health Office, Plymouth.

Specimens are forwarded to the Virus Reference Laboratory, Central Public Health Laboratory, Colindale Avenue, London, N.W. 9.

SECTION VIII

VENEREAL DISEASES

Location and facilities for the diagnosis and treatment of venereal disease and days and hours of attendance:

no change.

During the year 55 British and 33 Foreign seamen (total 88 compared with 109 in 1965) were treated at the Venereal Disease Clinic.

The nationalities were as follows:—

British	...	...	55
German	...	...	3
Dutch	...	...	12
Greek	...	...	6
African	...	...	3
Spanish	...	...	3
Maltese	...	...	2
French	...	...	1
Pakistani	...	...	1
Chinese	...	...	2
			—
TOTAL	...		88
			—

SECTION IX

CASES OF NOTIFIABLE AND OTHER INFECTIOUS DISEASES ON SHIPS, 1966

TABLE D

<i>Category</i>	<i>Disease</i>	<i>Number of cases during the year</i>		<i>Number of ships concerned</i>
		<i>Passengers</i>	<i>Crew</i>	
Cases landed from ships from foreign ports	None	Nil	Nil	Nil
Cases which have occurred on ships from foreign ports but have been disposed of before arrival	None	Nil	Nil	Nil
Cases landed from other ships	None	Nil	Nil	Nil

SECTION X

OBSERVATIONS ON THE OCCURRENCE OF MALARIA IN SHIPS

There were no cases of malaria brought to notice in ships arriving at Plymouth during the year.

SECTION XI

MEASURES TAKEN AGAINST SHIPS INFECTED WITH OR SUSPECTED FOR PLAGUE

No plague-infected or suspected ships entered the port during the year.

SECTION XII

MEASURES TAKEN AGAINST RODENTS IN SHIPS FROM FOREIGN PORTS

(1) All ships arriving at the various wharves are boarded by the Port Health Inspector or Rodent Operator. Enquiries are made of the officers and crew as to evidence of rat infestation. Docksidcs, wharves and warehouses in dock areas are under constant surveillance for evidence of rodent infestation, and foreman stevedores are also questioned as to the presence of rats. Where evidence of rat infestation is found, trapping or poisoning is carried out by the Rodent Operator.

(2) All rats caught are destroyed and some specimens found are submitted to the Public Health Laboratory, South Devon and East Cornwall Hospital, Greenbank, Plymouth.

(3) If necessary, de-ratting of ships is carried out by fumigation with hydrocyanic acid gas. These fumigations are carried out by private firms under the supervision of the Port Health Authority.

The names of commercial contractors who have carried out the fumigation of vessels at this port are:—

- 1) Fumigation Services Ltd., Barking, Essex
- 2) London Fumigation Co., London, E.C.3

Small infestations are dealt with by the Port Health Authority's Rodent Operator, using "Warfarin".

Observations confirm that rat-proofing principles are adopted in construction of all new vessels inspected.

TABLE E

Rodents destroyed during the year in ships from foreign ports:
Nil

Rodents destroyed in docks, quays, wharves, and warehouses:

<i>Category</i>					<i>Number</i>
Black rats	...	...	...	...	Nil
Brown rats	...	...	...	...	19
Sent for examination	...	...	...	...	2
Infected with plague	...	...	...	...	Nil

Number of rats presumed killed, based on the amount of poison bait consumed: 78

Number of mice presumed killed: 64

NUMBER OF DERATTING CERTIFICATES AND DERATTING EXEMPTION
 CERTIFICATES ISSUED DURING THE YEAR ENDING 31ST DECEMBER,
 1966, FOR SHIPS FROM FOREIGN PORTS

TABLE F

Number of Deratting Certificates issued					Number of Deratting Exemption Certificates issued 6	Total Certifi- cates issued 7
After fumigation with		After trapping	After poison- ing	Total		
HCN	Other fumigant					
1	2	3	4	5	6	7
—	—	—	—	—	33	33

PREVENTION OF DAMAGE BY PESTS ACT, 1949
 (APPLICATION TO SHIPPING) ORDER, 1951

No Rodent Control Certificates were issued to coastal vessels during the year.

SECTION XIII

TABLE G

INSPECTIONS AND NOTICES

Nature and Number of Inspections	Notices served		Result of serving Notices
	Statutory Notices	Other Notices	Complied with
1,574 Vessels	Nil	2	2

SECTION XIV

PUBLIC HEALTH (SHELL-FISH) REGULATIONS, 1934-1948

During the year the Saltash Borough Council converted a water-side building into an oyster cleansing station in an attempt to reopen a local industry which had been closed for many years. The cleansing station consisted of six tanks of approximately one thousand gallons capacity and a water-sterilizing and aerating unit. Water sterilization is by means of an ultra-violet lamp.

The plant was approved by the Ministry of Agriculture, Fisheries and Food and following extensive tests, approval was given for oyster fishing in certain restricted areas of the rivers Tamar and Lynher and the Prohibition Order made by the Plymouth Port Health Authority on 4th October, 1937, was varied accordingly on 1st August, 1966.

Six local fishermen were licensed to dredge in the area for oysters, control of purification and subsequent marketing being retained by the Saltash Borough Council through the superintendent of the oyster cleansing station.

After operating for some ten days the marketing of oysters was stopped following reports of oyster consumption causing sickness. Extensive investigations have since been carried out to detect the bacteriological or mineral cause of the sickness, but no likely cause has come to light.

SECTION XV

MEDICAL INSPECTION OF ALIENS

- (1) List of Medical Inspectors of Aliens holding Warrants of Appointment:—
Dr. T. Peirson, retired 3rd May, 1966
Dr. T. A. I. Rees, appointed 9th May, 1966, otherwise
no change
- (2) and (3) no change
- (4) During the year the number of incoming aliens was 703
The number of outgoing aliens was 1,188
- (5) no change

REPORTS AND CERTIFICATES IN RESPECT OF ALIENS
MEDICALLY EXAMINED

No occasion arose to issue a formal certificate in respect of aliens medically examined.

COMMONWEALTH IMMIGRANTS ACT, 1962

MEDICAL EXAMINATION OF COMMONWEALTH IMMIGRANTS

(1) List of Medical Inspectors of Commonwealth Immigrants:—

Dr. T. Peirson, retired 3rd May, 1966

Dr. T. A. I. Rees, appointed 9th May, 1966

otherwise no change

(2) Total number of arriving Commonwealth citizens subject to control under the Act ... 25

(3) Total number of Commonwealth citizens medically examined
NONE

REPORTS AND CERTIFICATES FOR COMMONWEALTH CITIZENS
MEDICALLY EXAMINED

No certificates in respect of Commonwealth citizens medically examined were issued.

(4) Total number of Commonwealth citizens embarked ... 29

SECTION XVI

MISCELLANEOUS

Arrangements for the burial on shore of persons who have died on board ship from infectious disease:—

NO CHANGE

FOOD INSPECTION

During the year two hundred and twenty-five vessels were dealt with under the Public Health (Imported Food) Regulations, 1937 and 1948.

There were one hundred and eighty-three from foreign ports and forty-two coastwise.

The total amount of foodstuffs voluntarily surrendered and condemned as unsound, unwholesome and unfit for human consumption consisted of:—

	<i>Tons</i>	<i>Cwts.</i>	<i>Qrs.</i>	<i>Lbs.</i>	<i>Ozs.</i>
Wheat	2	2	0	0	0
Cauliflowers	1	1	0	0	0
Strawberries	—	—	1	0	8
Onions	1	12	0	0	0
Pears	2	9	0	12	0
Melons	1	3	3	4	0
Peaches	—	3	3	15	0
Tinned fruit and fruit juices, various	—	15	3	4	4
Tinned salmon	—	—	1	14	0
Pork shoulders	—	—	—	6	0
Tinned vegetables, various ...	—	—	—	18	0
Rice pudding	—	—	—	9	0
Shoulder hams	—	—	1	5	0
Ox tongue	—	—	—	27	0
Chopped ham and pork	—	—	—	2	0
Beans in tomato	—	—	—	18	0
Milk, tinned	—	—	—	—	10
Preserved meat	—	—	—	13	8
Ham	—	—	—	8	0
Tuna fish	—	—	—	1	0
Pilchards	—	—	1	24	12
Stewed steak	—	—	1	12	0
Pork luncheon meat	—	—	2	27	15
Pork salami	—	—	—	24	15
TOTAL	9	11	0	23	8

Two non-statutory notices were served on Masters of vessels under the Dark Smoke (Permitted Periods) (Vessels) Regulations, 1938. No further action was necessary in each case.

No action was taken under the following regulations:—

- Public Health (Imported Milk) Regulations, 1926
- Public Health (Preservatives, etc., in Food) Regulations, 1925 and 1958
- Food Hygiene (Docks, Carriers, etc.) Regulations, 1960
- Food Hygiene (General) Regulations, 1960

The following specimens were submitted to the Public Health Laboratory, Greenbank, Plymouth:—

<i>Date</i>	<i>Specimen</i>	<i>Source</i>	<i>Examined for</i>	<i>Result</i>
31. 3.66	Water	Millbay Docks, 1	B. Coli	B. Coli – Nil
31. 3.66	Water	Millbay Docks, 2	B. Coli	B. Coli – Nil
29. 6.66	Water	Drake's Island, 1	B. Coli	B. Coli per 100 ml–5 (Bact. Coli (type 1) – Nil)
29. 6.66	Water	Drakes' Island, 2	B. Coli	B. Coli per 100 ml–2 (Bact. Coli (type 1) – Nil)
30. 6.66	Water	Millbay Docks, 1	B. Coli	B. Coli – Nil
30. 6.66	Water	Millbay Docks, 2	B. Coli	B. Coli – Nil
5. 7.66	Water	Drake's Island, 1	B. Coli	B. Coli – Nil
5. 7.66	Water	Drake's Island, 2	B. Coli	B. Coli – Nil
5. 7.66	Water	Drake's Island, 3	B. Coli	B. Coli – Nil
25. 8.66	Water	Millbay Docks, 1	B. Coli	B. Coli – Nil
25. 8.66	Water	Millbay Docks, 2	B. Coli	B. Coli – Nil
31. 8.66	Water	Drake's Island, 1	B. Coli	B. Coli – Nil
31. 8.66	Water	Drake's Island, 2	B. Coli	B. Coli – Nil
9.11.66	Water	Drake's Island, 1	B. Coli	B. Coli – Nil
9.11.66	Water	Drake's Island, 2	B. Coli	B. Coli – Nil
9.11.66	Water	Drake's Island, 3	B. Coli	B. Coli – Nil
2. 5.66	One Common Rat	Victoria Wharf	B. Pestis	No evidence of B. Pestis
11. 8.66	One Common Rat	Millbay Pier	B. Pestis	No evidence of B. Pestis

* NOTE: These two samples were taken after repairs had been carried out on the main pipe carrying the supply from the mainland to the Island. The main pipe had been broken and unused for some months previously. Super chlorination of the pipe was carried out by the City Water Engineer and further samples were satisfactory.

INFECTIOUS DISEASES

No major infectious diseases occurred within the area of the Authority during 1966.

CASES LANDED AT THE PORT

Seven cases of non-infectious disease or injury were landed of whom six were admitted to hospital.

School Health Service

Deputy Principal School Medical Officer

DR. G. B. CARTER

Number of children on registers at the beginning of the year:—

Primary Schools ...	...	...	18,912
Secondary Schools	...	...	12,085
Special Schools ...	...	...	447
			<hr/>
			31,444
			<hr/>

The general health of the children was satisfactory in 1966 and there was no outbreak of serious disease, but up to 4,000 children per week were absent from school in February, mainly for respiratory infections attributed to colds, influenza and febrile catarrh.

In addition to providing accommodation where various special examinations can be carried out the school clinics continue to provide a useful service for the treatment of minor ailments and there was an increase of 646 in the new cases attending compared with 1965. The number of treatments given by school nurses increased by over 4,000 to 36,567.

There is still a country-wide shortage of speech therapists and the position in Plymouth has been aggravated by the resignation of Miss C. Brownlow in September, thus leaving the two full-time posts vacant. Despite local and national advertisements it proved impossible to fill these vacancies. A part-time speech therapist was employed for three sessions per week at the end of the year but this is, of course, too little to make any impression on the waiting list.

Staff

Dr. T. Peirson, the Principal School Medical Officer, retired after thirty-four years' service in May 1966 and was succeeded by Dr. T. A. I. Rees, who assumed the Principal School Medical Officer's duties the following month.

Mr. R. M. Maynard, the Principal School Dental Officer, retired on the 21st December, 1966, after twenty years' service in the School Dental Service; his successor, Mr. T. S. Longworth, took up his appointment early in 1967. Mrs. A. King, Dental Surgeon, replaced Miss P. Simpson who retired from full-time service in September. Three dental surgery assistants left and two were appointed during the year.

Two school nurses were appointed to fill vacancies in the establishment. The integration of the nursing service has continued; most health visitors are responsible for a primary school and most school nurses attend a child welfare clinic.

At the end of the year the number in the various sections were:

MEDICAL, ETC.					
Medical Officers	...	...	...	...	4.24
School Nurses	...	...	...	...	10.80
Speech Therapists	...	...	...	...	.3
DENTAL					
Dental Officers	...	...	...	...	3.9
Dental Auxiliaries	...	...	...	...	1.0
Dental Surgery Assistants	...	...	...	...	5.0
CHILD GUIDANCE CLINIC					
Psychiatrists	...	...	...	...	1.64
Educational Psychologists	...	...	...	...	2.0
Psychiatric Social Workers	...	...	...	...	3.0

Medical Inspections The detailed statistical tables relating to the medical inspection of school children are given at the end of this report.

1. PERIODIC MEDICAL INSPECTION

A. Number of periodic medical inspections in the age groups

				<i>Number of children inspected</i>
1. Entrants (1962 to 1959 age groups)	...	...	...	3,378
2. Intermediates (selected from 1958 to 1953 age groups)				1,613
3. Leavers (1952 and earlier age groups)	...	...	...	2,682
TOTAL				<hr/> 7,673 <hr/>

The age at which the “intermediate” examination preferably takes place is now seven to eight years and this is on a selective basis. The parents of children of this age completed a questionnaire on their child’s health and from the answers given it was decided whether or not the child should have an examination by the School Medical Officer. There are approximately 3,600 children of this age in Plymouth. Questionnaires were received in respect of 2,898 and 1,177 were “selected” for examination. The number examined, 1,613, is little more than half the number of children usually examined as intermediates and this saving of medical officers’ time allows more time to be spent on the children who are called for examination.

B. Number of CHILDREN found at periodic medical inspections to require treatment (including those already under treatment)

	Number inspected	(i) Requiring treatment for defective vision (excluding squint)		(ii) Requiring treatment for all other defects		(iii) Total individual children requiring treatment	
		Num-ber	per 1,000	Num-ber	per 1,000	Num-ber	per 1,000
1. Entrants (1962-59)	3,378	114	33.52	581	172.00	637	188.57
2. Intermediate age groups (Selected 1958-53)	1,613	160	99.19	388	240.55	502	311.22
3. Leavers (1952-1949)	2,682	445	165.92	374	139.45	731	272.56
TOTALS	7,673	719	95.71	1,343	175.03	1,870	243.71

719 children out of the 7,673 inspected were found to require treatment for defective vision. This is equivalent to 93.71 per 1,000. Children requiring treatment for all other defects totalled 1,343, a rate of 175.03 per 1,000. This compares with 193.71 per 1,000 in 1965 and 186.8 in 1964.

C. Number of DEFECTS found per 1,000 children inspected at periodic medical inspections whether requiring treatment or observation.

	1966	1965	1964
Skin	42.36	47.9	46.4
Vision	124.20	119.9	142.7
Squint	28.54	28.8	21.3
Otitis Media ...	14.08	18.0	13.0
Heart	13.03	12.4	11.7
Lungs	36.62	32.8	31.8
Hernia	4.43	5.7	2.1

D. Number of NEW DEFECTS found at periodic medical inspections to require treatment.

Table 2 C at the end of this report gives the total number of defects, old and new, found requiring treatment for each disease and for each age group, and the number of new defects, divided into those which were already under treatment at the time of the periodic medical inspection and those which were not.

In the 7,673 children examined in 1966, 564 new defects not under treatment were found. 132 of these defects were of vision or squint.

E. SELECTIVE MEDICAL INSPECTIONS for children in junior schools and departments.

Selective examinations for children in the intermediate age groups were again employed in 1966 as in 1965.

In and prior to 1963 it was customary to examine all children aged 9 to 10 years. In 1966 the children in the intermediate group who were examined were mainly those aged 7 to 8 years and 1,613 were selected for examination. In these, 196 new defects not under treatment were found, a rate of 122 new defects per 1,000 children examined. In 1963, when all children aged 9 to 10 years were examined as intermediates only 25 new defects not under treatment were found, a rate of 8.3 per 1,000 examined. These figures indicate that the effect of making the intermediate examination selective and lowering the age by two years has very considerably increased the number of new defects found per 1,000 children examined. This confirms that the School Medical Officers' time is being employed more effectively and that many children are receiving earlier attention for defects than they would otherwise have done.

F. Attendance of parents at periodic medical inspections

			<i>Number of children inspected</i>	<i>Number of parents attending</i>	<i>Percentage of parents attending</i>
1. Entrants	...	...	3,378	2,811	83.21
2. Intermediates (selected)	...	...	1,613	1,046	64.85
3. Leavers	...	...	2,682	237	8.84
			<hr/>	<hr/>	<hr/>
	TOTALS	...	7,673	4,094	53.36
			<hr/>	<hr/>	<hr/>

This is much the same as in previous years.

G. Reports to family doctors after the final inspection before leaving school.

Reports were sent to family doctors on four children found to have serious or permanent defects believed to be unknown to their own doctors.

2. OTHER MEDICAL INSPECTIONS

(Special inspections and reinspections)

	<i>Special Inspections</i>	<i>Reinspections</i>	<i>Total</i>
1. Ordinary cases seen at school clinics and schools and children seen for ascertainment as handicapped pupils, excluding educationally subnormal, and all other special examinations, except as follows ...	3,424	2,311	5,735
2. For fitness for:—			
(a) Employment after school hours	483	—	483
(b) Entertainment licences ...	11	—	11
(c) Swimming instruction ...	24	—	24
(d) Boxing	249	—	249
(e) Entry to teacher training college	166	—	166
(f) Outward Bound Scheme ...	30	—	30
3. For defective hearing:—			
(a) Audiometer sweep tests ...	57	—	57
(b) Full investigation	110	112	222
4. For ascertainment as educationally subnormal pupils	184	158	342
5. At Day Open-Air School	—	210	210
6. At E.S.N. Special Schools	—	277	277
7. At Children's Homes	217	165	382
TOTALS	4,955	3,233	8,188

There was an increase of 931 in the number of special inspections or re-inspections compared with 1965.

**School
Premises**

The School Medical Officers continued to make annual inspections of school premises during the year and the Director of Education was notified of defects found or improvements required either directly from the Medical Officer's report or after a follow-up visit by the District Health Inspector in connection with certain defects.

Cleanliness
Inspections
and other Work
of the
School Nurses

The school nurses carried out 129,992 inspections during 1966 and 524 children were found to be infested. This is equivalent to 1.67 per cent of the school population and is a slight decline from 1.98 per cent found in 1965.

	<i>Number of children on registers at beginning of year</i>	<i>Number of individual examinations of children</i>	<i>Number of individual children found infested</i>	<i>% of individual children on registers found infested</i>
Primary Schools ..	18,912	92,658	401	2.12
Secondary Schools ..	12,085	31,453	112	0.93
Special Schools ..	447	5,881	11	2.68
TOTALS ..	31,444	129,992	524	1.67

Screening tests of vision and hearing carried out by school nurses.

The school nurses test the vision of school children annually and the hearing approximately every three years. Children with possible defects are referred to the Medical Officers for any necessary further investigation and treatment to be obtained.

				<i>Number of children tested by nurses</i>	<i>Number of children referred to School Medical Officers</i>
(1) VISION TESTS:					
Primary Schools ..	..	..	..	17,699	385
Secondary Schools ..	..	..	..	10,960	215
Special Schools ..	..	..	..	372	5
			TOTALS ..	29,031	605
(2) HEARING TESTS:					
Primary Schools ..	..	..	..	7,489	51
Secondary Schools ..	..	..	..	2,399	1
Special Schools ..	..	..	..	266	1
			TOTALS ..	10,154	53

During the course of this and other work, the nurses paid 2,619 visits to schools, 2,807 visits to children's homes and attended 1,198 clinic sessions at which 36,567 treatments were given.

Handicapped Children Arrangements for the ascertainment of the various categories of handicapped children remained unaltered during the year. In September, 1966, a day special class was started at the Stuart Road Primary School to accommodate a small number of maladjusted children.

A. Number of children newly assessed as needing special educational treatment at special schools or in boarding homes

						1966	1965	1964
1.	Blind	..	..	..	..	—	1	1
2.	Partially sighted		..	..	..	2	—	—
3.	Deaf	..	..	..	..	—	2	4
4.	Partial hearing		..	..	..	8	8	9
5.	Physically handicapped		..	..		20	14	13
6.	Delicate	..	..	..	..	6	29	13
7.	Maladjusted	..	..	..	..	11	11	13
8.	Educationally subnormal		..	..		83	79	77
9.	Epileptic	..	..	..	..	—	—	1
10.	Speech defects		..	..	..	—	—	—
TOTALS ..						130	144	131

There was a decrease of fourteen children assessed as needing special educational treatment at special schools in 1966 compared with 1965.

The decrease was mainly due to less children being assessed as delicate compared with the previous year.

B. Number of handicapped children at special schools in January, 1967

	<i>At Maintained Special Schools. Day Pupils</i>	<i>At non- Maintained Special Schools. Boarding Pupils</i>	<i>At Independent Schools</i>	<i>Boarded in Homes</i>	<i>Total</i>
1. Blind	—	4	—	—	4
2. Partially Sighted	—	8	—	—	8
3. Deaf	33	1	—	—	34
4. Partial Hearing	35	—	—	—	35
5. Physically Handicapped	47	4	3	—	54
6. Delicate ...	26	2	1	—	29
7. Maladjusted ...	5	—	36	4	45
8. Educationally Subnormal ...	323	18	10	—	351
9. Epileptic ...	2	—	—	—	2
10. Speech defects	—	—	—	—	—
TOTALS ...	471	37	50	4	562

	<i>January 1967</i>	<i>January 1966</i>	<i>January 1965</i>
1. Blind	4	5	4
2. Partially sighted	8	6	6
3. Deaf	34	33	28
4. Partial hearing	35	30	27
5. Physically handicapped ..	54	71	73
6. Delicate	29	30	27
7. Maladjusted	45	44	50
8. Educationally subnormal ..	351	335	323
9. Epileptic	2	3	3
10. Speech defects	—	1	1
TOTALS	562	558	542

C. Handicapped children at independent schools.

	<i>School</i>	<i>Number of Children</i>	<i>Handicap</i>
1.	Badgeworth Court School, Badgeworth, nr. Cheltenham, Glos....	5 boys	Maladjusted
2.	Berrow Wood School, Pendock, nr. Staunton, Glos. ...	4 boys	Maladjusted
3.	Burnt Norton School, Chipping Campden, Glos.	1 boy	Maladjusted
4.	Childscourt School, Lattiford House, Wincanton, Somerset	7 boys and girls	Maladjusted
5.	Cotswold Chine Home School, Box, nr. Stroud, Glos.	1 boy	Maladjusted
6.	Farney Close School, Bolney, Sussex ...	1 girl	Maladjusted
7.	Heathercombe Brake School, Manaton, Newton Abbot, Devon ...	4 boys and girls	Physically handicapped Delicate
8.	Heanton School, Heanton Hill, Braunton, Devon ...	1 boy	Maladjusted
9.	Plymouth School for Spastic Children, Trenegweath, Hartley, Plymouth ...	26 boys and girls	Spastics
10.	Marist Convent School, Paignton, Devon	1 girl	Maladjusted
11.	Netherfield School, Crowborough, Sussex	2 boys and girls	Maladjusted
12.	Pitt House School, Chudleigh, Devon ...	4 boys	Educationally subnormal
13.	Pitt House School, Hr. Lincombe Road, Torquay, Devon	12 boys	Educationally subnormal and maladjusted
14.	Royal Alexandra and Albert School, Gatton Park, Reigate, Surrey ...	1 boy	Maladjusted
15.	St. Christopher's School, Westbury Park, Bristol	1 boy	Educationally subnormal
16.	St. Peter's School, Chelmarsh Vicarage, Bridgenorth, Salop.	2 boys	Maladjusted
17.	Shute School, Axminster, Devon ...	1 girl	Maladjusted
18.	Walton Elm School, Sturminster Newton, Dorset ...	2 boys	Maladjusted
	TOTAL	76	

D. *Handicapped children boarded in homes.*

Boarding Home			Number of Children	Handicap
1.	Mountstephen House Hostel, Uffculme, Cullompton, Devon	...	4	Maladjusted
TOTAL			4	

E. *Handicapped children educated otherwise than at school.*

In January, 1967, nine children were being educated in Freedom Fields Hospital, Plymouth, and ten at home, nearly all being physically handicapped children.

F. *Children found unsuitable for education at school.*

During 1966, ten children were recorded as unsuitable for education at school under section 57 (4) of the Education Act, 1944, as amended by the Mental Health Act, 1959, compared with twelve in 1965 and ten in 1964.

G. *Child Guidance Clinic.*

The report on the work of the Child Guidance Clinic will be found in the Children's Section of the Nuffield Clinic Report on pages 102 to 107.

REPORT OF DR. L. N. TRETHOWAN

School Medical Officer

Defective Hearing - Audiology Clinic The Audiology Clinic continued to be held fortnightly at Seven Trees Clinic.

During the year twenty-one sessions were held on Saturday mornings. As previously, young children with delayed speech, marked speech defects, those who were "at risk" of being deaf were referred by the pædiatrician, ear, nose and throat surgeons, and the maternity and child welfare department.

Fifty-seven children were seen, forty-nine for the first time. Of these thirty-six were thought not to be deaf or, if they were at all deaf, that such deafness as they might have would not account for their lack of speech development.

Nine children were thought to be profoundly or severely partially deaf. Seven were admitted to Hartley House School; one will attend when he is two years old and one will be re-tested before the final decision is made. Four children were found to be partially deaf, but were considered fit to attend an ordinary school; one of these children may have to be admitted to Hartley House School after a trial at an ordinary school. Another child was thought to be somewhat mentally retarded and was referred for an assessment of intelligence.

One child was referred to an ear, nose and throat surgeon and four with speech defects, to the speech therapist. One other had been referred by a pædiatrician who thought he might possibly be autistic. Deafness was excluded as a cause of his lack of speech.

Enuresis The treatment of bed-wetting by the issue of Eastleigh alarms continued to produce satisfactory results during 1966.

Twenty more alarms were purchased in 1966. It is hoped that this increase will keep pace with the ever-increasing demand.

Although some makers consider that these alarms are suitable from age four to five years, experience has shown that there is little success under the age of eight. Children responding best are in the eight to ten age group.

The total number of children treated during 1966 was 107 and of these:—

- 62 ... were cured
- 10 ... are responding and are nearly ready to return the alarm
- 19 ... are responding slowly and present problems
- 3 ... alarms were returned as the children left the district

The rate of success was 57.9 per cent. Twenty-three children were dry in the first week.

Medical Treatment

The school clinic arrangements at the time of writing this report are as follows:

SCHOOL CLINIC ARRANGEMENTS				
Clinic	Medical Officers' Clinics	Nurses' Minor Ailment Treatment Clinics	Ultra Violet Light Clinic (by appointment)	Speech Therapy Clinics (by appointment)
1. Seven Trees Clinic, Baring Street	Monday 2 p.m. Wednesday 2 p.m. Audiology Clinic on alternate Saturday mornings at 10.0 a.m. by appointment	Monday to Friday 3.30 p.m.	Monday 9 a.m. Thursday 9 a.m.	Tuesday 9 a.m. Wednesday 9 a.m. (part-time)
2. Stonehouse Clinic, Peel Street Stonehouse	Wednesday 2 p.m. Friday 3.30 p.m.	Tuesday 3.30 p.m. Friday 3.30 p.m.	—	—
3. Devonport Clinic, Outram Villas, Albert Road, Devonport	Tuesday 2 p.m.	Tuesday 3.30 p.m. Friday 3.30 p.m.	—	—
4. North Prospect Clinic, North Prospect School, Foliot Rd. Swilly	Wednesday 2 p.m.	Monday to Friday 3.30 p.m.	—	—
5. St. Budeaux Clinic, Stirling Road, St. Budeaux	Thursday 2 p.m.	Monday 3.30 p.m. Thursday 3.30 p.m.	—	—
6. Honicknowle Clinic, Montacute Avenue, Honicknowle	Tuesday 2 p.m.	Tuesday 3.30 p.m. Friday 3.30 p.m.	—	—

<i>Clinic</i>	<i>Medical Officers' Clinics</i>	<i>Nurses' Minor Ailment Treatment Clinics</i>	<i>Ultra Violet Light Clinic (by appointment)</i>	<i>Speech Therapy Clinics (by appointment)</i>
7. Efford Clinic, 121 Efford Road	Tuesday 3.30 p.m.	Tuesday 3.30 p.m. Thursday 3.30 p.m.	—	—
8. Southway Clinic 37 Rockfield Ave., Southway	Wednesday 2 p.m.	Wednesday 3.30 p.m. Friday 3.30 p.m.	—	—
9. Child Guidance Clinic, Children's Section Plymouth Nuffield Clinic, Seven Trees, Baring Street, Plymouth	Children are seen by appointment.			

The Seven Trees School Clinic and the Child Guidance Clinic are open throughout the year. The other clinics are closed during school holidays apart from specially arranged appointments.

Cases treated at School Clinics and elsewhere.

The number of cases treated by the school health service staff and those known to have been treated elsewhere are given for the various defects in Table 3 at the end of this report.

Eye diseases, defective vision and squint (Table 3A).

386 cases of external diseases of the eye were treated, 108 at school clinics and the remainder at the Royal Eye Infirmary. All the 1,406 children with errors of refraction and the 1,032 children prescribed glasses were dealt with at the Eye Infirmary.

Diseases and defects of the ear, nose and throat (Table 3B).

The School Medical Officers referred 103 children to the consultant ear, nose and throat surgeons, compared with 107 in 1965 and 80 in 1964.

All the 67 cases shown as receiving treatment were treated at school clinics. No figures are available of the amount of operative treatment carried out at hospitals.

Diseases of the Skin (Table 3D).

All the 1,680 cases of skin diseases were treated at school clinics, 1,044 in 1965.

61 cases of scabies were treated, compared with 36 in 1965. Ringworm of the body was the same as for 1965 (16 cases) and impetigo decreased to 141 in 1966 (296 in 1965).

9 children were referred by Medical Officers to the consultant dermatologist.

REPORT OF DR. H. W. HASKINS, *School Medical Officer*

Plantar Warts Treatment of warts, including plantar warts, is carried out at all school clinics. The more resistant cases are referred to Stonehouse Clinic for treatment by diathermy.

The table shows the cases dealt with at Stonehouse during 1966:

	<i>Male</i>	<i>Female</i>	<i>Total</i>
1. Total number of cases sent for	76	115	191
2. Total number of cases who attended ...	52	88	140
3. Total number of plantar warts removed	101	204	305

Follow-up is now carried out at the nearest clinic to the patient's home, as the cost of travelling to Stonehouse has become an important consideration for the parents of children living in out-lying districts.

Other Defects The number of children referred by School Medical Officers to the various consultants was as follows:

Paediatrician	...	...	22
Orthopaedic Surgeons	...	...	17
General Surgeons	...	...	25
Chest Physician	...	...	9
Child Guidance Clinic	...	...	33

**Speech
Therapy**

There is an establishment of two speech therapists but since Miss Brownlow resigned in September, 1966, it has not been possible to find full-time replacements for either post. Mrs. E. Smith was appointed in June, 1966, in a part-time capacity.

A limited number of those children who had started treatment have continued with it, this means that with the reduction of sessions, there is considerable delay in starting the treatment of new referrals and the waiting list which existed even when there were two whole-time staff is now very much longer.

The full list of clinics and schools attended given in the report for 1965 has now been reduced to the following:—

Seven Trees Clinic Two Sessions per week

The total number of children treated during the year was 136.

REPORT OF MR. T. S. LONGWORTH

Principal School Dental Officer

Mr. Maynard retired on 21st December, 1966, and was therefore, unable to complete his annual report. I have been asked to present the facts which I hope will be an extension of Mr. Maynard's original work mainly with the consent forms relating to the General Dental Practitioners, hereafter referred to as G.D.Ps.

Because the results have been collected for four years, it is possible to present the findings graphically and give some factual comments.

Parallel with the special consent forms involving the G.D.Ps, the percentage of children found to require treatment showed a steep increase in 1962 and 1963. The number of children found to require treatment is normally an assessment of the condition of the children's teeth seen at school inspection.

On the introduction of the scheme, a sharp fall was shown at first in those electing for treatment with the school service, but during 1965, the proportion steadied and rose in 1966 as those electing to go to the G.D.P. fell.

However, the percentage of the children inspected who were actually treated by the school service remained steady and even improved. This is because the number of children that can be treated by a full-time school dentist annually is relatively a constant figure, and is only statistically related to the number actually inspected – no matter what number of children are inspected there is a limit to the number that can be treated.

Because not all the forms sent to G.D.Ps are returned, it is only possible to show graphically the least percentage of children treated by G.D.Ps, and this showed a slight rise and fall again.

An addition of those treated in 1965 showed at least twenty-five per cent were treated by both services together as a result of this scheme.

What is unknown is that those children electing to go to G.D.Ps might have consulted them in any case, and the actual benefit in the children's dental condition can only be assessed at school inspections by the number found to require treatment. In 1965 this percentage was worse than in 1961, and compared with an improvement of four per cent in the national average in the same period.

By relating the children treated by G.D.Ps as a result of this scheme to the equivalent number of patients treated in the year by a whole-time school dental officer it is possible to calculate the work done and value it in terms of school dental officer strength. This scheme has possibly benefitted the local authority by the equivalence of 1.7 dental officers in 1964 and 1.25 dental officers in 1965, but again it must be mentioned that these children might have seen a dentist of either service without the scheme's assistance.

It must also be mentioned that in recent years there has been a national trend for more parents to take their children to a G.D.P, not as an alternative to the school service but because they are becoming more dentally conscious due to dental health education from various sources, where before they were neglected. It is equally plain that many children still receive no treatment from either, unless for pain; for there is no means to compel them to have it.

It must be considered on these facts and figures whether or not the clerical time and expense of running this scheme is of any use and time spent on dental health education of more benefit in the long run.

Mass
Radiography
of School
Leavers

2,240 were given a chest X-ray and all were satisfactory.

Vaccination
and
Immunisation

The information given here refers only to school children dealt with by School Medical Officers at school clinics. The complete figures are given in the immunisation and vaccination section of the report of the Medical Officer of Health.

1.
B.C.G. Vaccination against Tuberculosis.

Children born in 1952 and earlier were dealt with during the year and the percentage of those accepting in the 1952 age group was 72.02 per cent compared with 73.8 per cent for the 1951 age group in 1965.

The percentage of primary positives on Mantoux testing was 3.79 per cent for the 1952 age group. The steady reduction of this percentage from 20.7 per cent for the 1940 age group tested in 1954 when the scheme was started to its present low figure indicates how much the amount of tuberculosis in the general population has fallen in these years.

The following are the figures for 1966:

	Age Group	No. Given preliminary Mantoux Test	Mantoux positive		Number vaccinated with B.C.G.
			No.	%	
1952 Age Group : No. in Group = 2,963 Acceptances = 2,134 % Acceptances = 72.02	1952	1,975	75	3.79	1,743
	1951	122	5	4.09	117
	1950	12	1	8.33	11
	1949	5	1	20.00	4
TOTAL ...		2,114	82	3.88	1,875

2.
Immunisation against Diphtheria

Number of children completing full primary course ...	256
Number given reinforcing doses	1,907

3. *Immunisation against Tetanus*

Number of children completing full primary courses ...	807
Number given reinforcing doses	1,986

School children immunised against tetanus are issued with a card showing dates of the primary course and any subsequent reinforcement doses. It is hoped that the parents or the child will be able to produce the card for the information of the doctor who has to deal with any injury the child may receive later in life. Reliable information on previous immunisation against tetanus is invaluable when a decision has to be made on whether specific anti-tetanus treatment is necessary after an injury.

4. *Vaccination against Poliomyelitis*

Number of children completing full primary courses ...	419
Number given reinforcing doses	548

Infectious Diseases The information given here refers only to school children attending the authority's schools. The complete figures are given in the report of the Medical Officer of Health.

Number of cases of infectious diseases notified in school children

				1966	1965	1964
Diphtheria	...	...	...	—	—	—
Dysentery	...	...	...	30	11	14
Encephalitis	...	...	...	2	—	1
Erysipelas	...	...	...	1	1	—
Food Poisoning	...	...	...	6	9	11
Measles	...	...	...	293	1,349	245
Meningococcal Infections	...	...	...	1	—	3
Paratyphoid	...	...	...	—	—	—
Poliomyelitis	...	...	...	—	—	—
Pneumonia	...	...	...	7	15	13
Scarlet Fever	...	...	...	37	31	27
Tuberculosis	...	...	...	5	11	18
Whooping Cough	...	...	...	19	15	77
Puerperal Pyrexia	...	...	...	—	1	—

Maker Camp The medical and nursing arrangements were the same as in previous years with one of the nurses in residence for the whole period the camp was occupied by children.

**Children's
Homes**

The medical arrangements for the children's homes remained unchanged in 1966. Seventy-five visits were made to Parklands by a medical officer. Of the new admissions, thirteen required treatment for defective vision, one required audiology treatment, one was overweight, one had encopresis, two were enuretic, one suffered from epilepsy and one had salmonella infection.

Nine routine visits were also made by medical officers to the other three children's homes and seventy-three children were medically examined.

**School Meals
and
Milk**

The number of children taking dinners at school again increased and the daily average number was 16,482 in September, 1966, compared with 14,929 in 1965 and 13,037 in 1964. 55.8 per cent of children present at school on a selected date in 1966 were taking the school dinner compared with 50.6 per cent on the same date in 1965 and 44 per cent in 1964. 153 school meals staff were examined on engagement and 273 re-examined.

On the same date that the figures for dinners were taken, 79 per cent were taking milk, compared with 80.6 per cent in 1965.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS
(INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE 1A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of Birth)	No. of Pupils who have received a full medical examination	Physical Condition of Pupils Inspected		No. of pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		For defective vision (excluding squint)	For any other condition recorded at Part II	Total individual pupils
		No.	No.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1962 and later ...	24	24	—	} 1,613	1	7	8
1961	1,429	1,429	—		52	206	242
1960	1,684	1,684	—		48	321	331
1959	241	241	—		13	47	56
1958	736	736	—		58	203	237
1957	496	496	—		48	118	153
1956	154	154	—		14	26	39
1955	100	100	—		14	20	29
1954	72	72	—		15	11	25
1953	55	55	—		11	10	19
1952	2,053	2,052	1		318	293	540
1951 and earlier ...	629	629	—		127	81	191
TOTAL ...	7,673	7,672	1	1,613	719	1,343	1,870

Col. (3) total as a percentage of Col. (2) total: 99.99% Col. (4) total as a percentage of Col. (2) total: 0.01%

TABLE 1B
OTHER INSPECTIONS

Number of Special Inspections	...	...	4,955
Number of Re-inspections	...	...	3,233
			<hr/>
TOTAL	...	...	8,188
			<hr/>

TABLE 1C
INFESTATION WITH VERMIN

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	129,992
(b)	Total number of individual pupils found to be infested	...		524
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	...		Nil
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	...		Nil

TABLE 1D.—SCREENING TESTS OF VISION AND HEARING

1.	(a)	Is the vision of entrants tested?	...	Yes
	(b)	If so, how soon after entry is this done?		During first or second term at school
2.		If the vision of entrants is not tested, at what age is the first vision test carried out?	...	...
3.		How frequently is vision testing repeated throughout a child's school life?	...	Annually
4.	(a)	Is colour vision testing undertaken?	...	Yes
	(b)	If so, at what age?	...	At 13+ to 14+ years
	(c)	Are both boys and girls tested?	...	Yes
5.		By whom is vision and colour testing carried out?	...	*School Medical Officers and School Nurses
6.	(a)	Is audiometric testing of entrants carried out?	...	Only by forced whisper test at 20 feet
	(b)	If so, how soon after entry is this done?		As 1 (b)
7.		If the hearing of entrants is not tested, at what age is the first audiometric test carried out?	...	...
8.		By whom is audiometric testing carried out?	...	*School Nurses

* The school nurses do all the preliminary vision and hearing tests and refer any children who appear to have defective vision and/or hearing to the School Medical Officers.

The School Medical Officers do the colour vision testing.

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

TABLE 2A
PERIODIC INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	Periodic Inspections							
		Entrants		Leavers		Others		Total	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
4	Skin	88	46	109	25	41	16	238	87
5	Eyes—								
	(a) Vision	114	83	445	62	160	89	719	234
	(b) Squint	96	10	50	6	51	6	197	22
	(c) Other	14	7	6	26	5	12	25	45
6	Ears—								
	(a) Hearing	15	105	10	22	11	56	36	183
	(b) Otitis Media	28	43	15	4	2	16	45	63
	(c) Other	8	3	12	1	4	1	24	5
7	Nose or Throat	95	190	28	23	70	95	193	308
8	Speech	50	72	3	11	17	47	70	130
9	Lymphatic Glands	1	4	—	1	2	2	3	7
10	Heart	5	42	5	16	6	26	16	84
11	Lungs	63	91	21	42	31	33	115	166
12	Developmental—								
	(a) Hernia	15	16	—	1	2	—	17	17
	(b) Other	6	67	9	6	8	37	23	110
13	Orthopædic—								
	(a) Posture	1	4	7	12	2	5	10	21
	(b) Feet	36	32	10	12	15	14	61	58
	(c) Other	25	37	31	29	17	22	73	88
14	Nervous System—								
	(a) Epilepsy	18	9	11	7	12	3	41	19
	(b) Other	3	6	—	3	8	3	11	12
15	Psychological—								
	(a) Development	3	35	—	111	22	227	25	37
	(b) Stability	9	91	7	28	45	68	61	187
16	Abdomen	8	19	5	6	14	15	27	40
17	Other	30	39	41	13	44	29	115	81

(T) = Requiring Treatment. (O) = Requiring Observation.

TABLE 2B
SPECIAL INSPECTIONS

<i>Defect Code No.</i> (1)	<i>Defect or Disease</i> (2)	<i>Special Inspections</i>	
		<i>Pupils requiring Treatment</i> (3)	<i>Pupils requiring Observation</i> (4)
4.	Skin	1,227	43
5.	Eyes—		
	(a) Vision	391	102
	(b) Squint	15	2
	(c) Other... ..	51	6
6.	Ears—		
	(a) Hearing	22	23
	(b) Otitis Media	22	5
	(c) Other... ..	31	14
7.	Nose or Throat	31	7
8.	Speech	29	5
9.	Lymphatic Glands	—	1
10.	Heart	—	4
11.	Lungs	8	2
12.	Developmental—		
	(a) Hernia	—	—
	(b) Other... ..	3	4
13.	Orthopaedic—		
	(a) Posture	3	—
	(b) Feet	14	1
	(c) Other... ..	45	11
14.	Nervous System—		
	(a) Epilepsy	2	2
	(b) Other... ..	1	1
15.	Psychological—		
	(a) Development	8	4
	(b) Stability	68	14
16.	Abdomen	—	—
17.	Other	388	15

Defect Code No.	Defect or Disease	ENTRANTS			INTERMEDIATES (Selected)			LEAVERS		
		Total Defects Requiring Treatment	U.T.	Not U.T.	Total Defects Requiring Treatment Old & New	New Defects Only		Total Defects Requiring Treatment Old & New	New Defects Only	
						U.T.	Not U.T.		U.T.	Not U.T.
4	Skin ...	88	65	23	41	22	13	109	56	52
5	Eyes—									
	(a) Vision	114	66	48	160	53	35	445	95	26
	(b) Squint	96	79	17	51	10	6	50	4	—
	(c) Other	14	9	5	5	4	1	6	3	2
6	Ears—									
	(a) Hearing	15	5	10	11	5	3	10	2	3
	(b) Otitis Media	28	18	10	2	1	1	15	9	2
	(c) Other	8	4	4	4	2	1	12	4	4
7	Nose or Throat	95	74	21	70	29	16	28	14	3
8	Speech ...	50	16	34	17	1	12	3	—	1
9	Lymphatic Glands	1	1	—	2	1	—	—	—	—
10	Heart ...	5	2	3	6	1	—	5	2	1
11	Lungs ...	63	58	5	31	20	3	21	9	—
12	Developmental—									
	(a) Hernia	15	5	10	2	—	2	—	—	—
	(b) Other	6	5	1	8	1	1	9	7	2
13	Orthopaedic—									
	(a) Posture	1	—	1	2	—	1	7	1	4
	(b) Feet	36	21	15	15	3	9	10	5	3
	(c) Other	25	18	7	17	7	1	31	15	4
14	Nervous System—									
	(a) Epilepsy	18	18	—	12	6	—	11	2	—
	(b) Other	3	3	—	8	3	2	—	—	—
15	Psychological—									
	(a) Development	3	2	1	22	9	13	—	—	—
	(b) Stability	9	3	6	45	9	29	7	1	3
16	Abdomen ...	8	6	2	14	8	3	5	4	1
17	Other ...	30	15	15	44	6	24	41	8	19
	Totals	731	493	238	589	201	196	825	241	130

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE 3A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint	386
Errors of refraction (including squint)	1,406
TOTAL	1,792
Number of pupils for whom spectacles were prescribed	1,032

TABLE 3B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	<i>Number of cases known to have been dealt with</i>
Received operative treatment—	
(a) for diseases of the ear	} <i>information not available</i>
(b) for adenoids and chronic tonsillitis	
(c) for other nose and throat conditions	
Received other forms of treatment	67
TOTAL	67
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1966	7
(b) in previous years	67

TABLE 3C.—ORTHOPAEDIC AND POSTURAL DEFECTS

	<i>Number of cases known to have been treated</i>
(a) Pupils treated at clinics or out-patients departments	} <i>information not available</i>
(b) Pupils treated at school for postural defects ...	

TABLE 3D.—DISEASES OF THE SKIN
(Excluding uncleanliness, for which see Table 1c).

							<i>Number of cases known to have been treated</i>
Ringworm—							
(a) Scalp	...	...	...	...	...	...	5
(b) Body	...	...	...	...	...	...	16
Scabies	...	...	...	...	...	...	61
Impetigo	...	...	...	...	...	...	141
Other skin diseases	...	...	...	...	...	...	1,457
TOTAL ...							1,680

TABLE 3E.—CHILD GUIDANCE TREATMENT

				<i>Number of cases known to have been treated</i>
Pupils treated at Child Guidance Clinics	...	...	...	428

TABLE 3F.—SPEECH THERAPY

				<i>Number of cases known to have been treated</i>
Pupils treated by speech therapists	...	...	...	136

TABLE 3G.—OTHER TREATMENT GIVEN

	<i>Number of cases known to have been dealt with</i>
a) Pupils with minor ailments	5,085
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. Vaccination	1,875
(d) Other than (a), (b) and (c) above—	
Ultra Violet Light	10
TOTAL	<hr/> 6,970

TABLE IV.
DENTAL INSPECTION AND TREATMENT

ATTENDANCES AND TREATMENT:	Ages			Total
	5 to 9	10 to 14	15 +	
First Visit	2,576	2,266	496	5,338
Subsequent Visits	3,189	3,975	824	7,988
Total Visits	5,765	6,241	1,320	13,326
Additional Courses of treatment commenced	400	268	68	736
Fillings in permanent teeth ...	2,400	5,102	1,322	8,824
Fillings in deciduous teeth ...	3,092	189		3,281
Permanent teeth filled	1,971	4,474	1,206	7,651
Deciduous teeth filled	2,840	166		3,006
Permanent teeth extracted ...	162	811	159	1,132
Deciduous teeth extracted ...	3,058	587		3,645
General anæsthetics	1,097	436	44	1,577
Emergencies	197	114	12	323

Number of pupils X-rayed	216
Prophylaxis	295
Teeth otherwise conserved	231
Number of teeth root filled ...	12
Inlays	6
Crowns	17
Courses of treatment completed ...	5,124

ORTHODONTICS Cases remaining from previous year	76
New cases commenced during year	71
Cases completed during year ...	36
Cases discontinued during year ...	18
No. of removable appliances fitted...	117
No. of fixed appliances fitted ...	5
Pupils referred to hospital consultant	39

PROSTHETICS	<i>Ages</i>			<i>Total</i>
	<i>5 to 9</i>	<i>10 to 14</i>	<i>15 +</i>	
Pupils supplied with F.U. or F.L. (first time)	—	—	1	1
Pupils supplied with other dentures (first time)	1	20	4	25
Number of dentures supplied ...	1	20	5	26

ANÆSTHETICS	General anæsthetics administered by Dental Officers	1,577
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INSPECTIONS	(a) First inspection at school – number of pupils	27,168
	(b) First inspection at clinic – number of pupils ...	2,702
	Number of (a) + (b) found to require treatment...	14,806
	Number of (a) + (b) offered treatment	13,402
	(c) Pupils re-inspected at school clinic	4,734
	Number of (c) found to require treatment ...	2,163

SESSIONS	Sessions devoted to treatment	1,925
	Sessions devoted to inspection	293
	Sessions devoted to Dental Health Education ...	50

ANNUAL RETURN OF SCHOOL DENTAL INSPECTIONS FOR 1966

INCLUDING THOSE RE-INSPECTED IN SCHOOL AND CONSENT FORMS RELATING TO GENERAL DENTAL PRACTITIONERS

Year	Number on Roll	Inspected in School	Found to Require Treatment	Offered Treatment	Accepting School Dental Treatment	Accepting G.D.P. Treatment	Number Treated by School Dental Officers	Number of Forms sent to G.D.Ps	Number of Forms Returned from G.D.Ps.			Number of Forms Unaccounted For
									Children Treated	Failed to Keep Appointment	Failed to Request Appointment	
1960 for comparison	32,796	29,046	14,033 (48.3%) (i)	12,902	5,679 (44%) (ii)	—	4,783 (16%) (iii)	—	—	—	—	—
1966	31,742	29,316	14,033 (47.9%) (i)	11,859	4,351 (37%) (ii)	4,674 (39%) (ii)	5,338 (18%) (iii)	4,674	1,707 (6%) (iii)	109	1,482	1,376

N.B.—(i) Percentage found to require treatment of the number inspected.
(ii) Percentage accepting treatment of number offered it.
(iii) Percentage treated of number inspected.

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